

AL 4432



Gloucestershire County Council

Annual Report

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1965

GEO. F. BRAMLEY
County Medical Officer of Health



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Health Department,
Berkeley Chambers,
Berkeley Street,
Gloucester.
May, 1966.

*To the Chairman and Members of
the Health Committee.*

MADAM, LADIES AND GENTLEMEN,

In 1965 the population continued to increase both by immigration and a high birth rate. The latter showed a slight increase on that of 1964. The additional births were in hospital as in previous years. There were 10,863 notified births, 8,067 of these were in hospital. However, a third of the mothers returned home with their babies before the tenth day after birth (usual 48 hours after birth) and were nursed at home. Five years ago the number of these early discharges was just over 1,000 ; last year there were nearly 3,000. The main reason is that where there is a possibility of any difficulty at the time of confinement it is considered best that the mother should be admitted to hospital and if all goes well and the home is suitable, mother and baby return home early. Early discharge is also popular. As our shortage of midwives continued the strain on the service is somewhat eased but home visits up to the tenth day have to be carried out.

There were 645 illegitimate live births, an increase of fifty compared with 1964. The only redeeming feature in this sad state of modern conditions is that in Gloucestershire a smaller number of the unmarried mothers were under the age of sixteen, even so there were fifty-seven of them.

The infantile mortality rate was the lowest ever at 16.45 deaths of children under the age of one per 1,000 live births. Even so, investigation into each of these deaths shows that a large proportion are preventable.

There was a slight reduction in the death rate but again an increase in the number of deaths from cancer of the lung. There would be a reduction if the smoking of cigarettes was reduced. Through our Health Education arrangements there should be no person over the age of eleven who has not had the association of cigarette smoking and lung cancer brought to his or her attention. In respect of cancer of the cervix which causes no more than one sixth of the number of lung cancer deaths, there are few women's organisations in Gloucestershire which have not demanded the provision of arrangements for taking cervical smears to detect the disease at the earliest stage. As most of the hospital pathological laboratories were not ready to receive specimens we were only able to open clinic sessions in the area of the Oxford Regional Hospital Board by the end of the year.

For the first time for many years there was an increase in the number of notifications of and deaths from pulmonary tuberculosis. The increases were in persons over the age of 55. Although these increases are disappointing, we may take some comfort that more of these infectious persons are being found and treated. For some years grandfathers' coughs have been accepted and acceptable but many of them are due to undiagnosed and neglected tuberculosis of the lungs.

The incidence of infectious disease was lower, apart from the usual biennial increase of measles which continued to be mild, although two deaths were ascribed to this disease. The position with regard to venereal diseases is not so favourable. There was a large increase in the number of cases treated at the special clinics. It is a matter of deep concern that these entirely preventable diseases should be increasing in prevalence once again.

During the year the interest in Health Centres by General Medical Practitioners again came to the fore, and a number of applications were received, in particular for a Health Centre in Thornbury, which is a small town with a rapidly increasing population. The proposal to provide a Health Centre was agreed by the Ministry of Health and plans were being prepared for a building to provide General Practitioner suites, a Local Health Authority Clinic, accommodation for Health Visitors, Mental Welfare Officers and Home Help Organisers. The Centre will be in the grounds of the Hospital which has geriatric wards, a

maternity unit and an out-patient minor casualty unit, all staffed by the General Practitioners. Other applications were received for Health Centre facilities when Clinics are built within the next few years at Kingswood, Stroud and Yate.

The following pages of the report give some detail of the many aspects of the Committee's responsibilities for the provision of services under Part III of the National Health Service Act and the care in the community of handicapped persons. In every section the statistics show an increase in the work done. Even with the many and varied services which have already been provided, further extensions are necessary. Inability to recruit qualified staff and the delay in providing necessary buildings, matters which are not within the Council's control, have not meant, however, that real needs of which we have been aware could not be met in some way or another.

I am grateful for the help the Committee have given me and the support I have had from my staff and officers of other Departments, together with the great help given by members of a number of voluntary bodies.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,

County Medical Officer of Health.

STAFF

as at 31st December, 1965

County Medical Officer of Health and Principal School Medical Officer	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	W. Davidson-Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer, Maternity and Child Welfare	Mary P. S. Seacome, M.A., B.M., B.Ch.
Senior Medical Officer, School Health Service	B. Nicholson, M.B., Ch.B., D.T.M. & Hy., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer ...	M. J. Gryspeerdt, M.B., B.S., D.P.H.
Divisional Medical Officers of Health ...	R. F. Barclay, M.B., B.S., D.P.H.
(also District Medical Officers of Health)	R. E. A. S. Hansen, M.A., M.B., B.Ch., D.P.H.
	A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant Medical Officers of Health and School Medical Officers	Katherine E. M. Allen, M.A., M.R.C.S., L.R.C.P.
	S. C. Buck, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.
	J. Dennis, M.B., B.S., M.R.C.S., L.R.C.P.
	Elspeth M. Feilden, M.B., B.S.
	D. M. Hughes, M.R.C.S., L.R.C.P.
	H. L. Kinman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
	M. B. Pepper, M.B., B.S.
	J. S. Rodgers, M.A., M.B., B.Ch., D.R.C.O.G.
	M. H. Ryder, M.R.C.S., L.R.C.P., D.P.H.
	Rachel E. W. Sillett, M.D., D.P.H.
	Mary E. Walters, B.Sc., M.R.C.S., L.R.C.P.
Chest Physicians (part-time)	F. J. D. Knights, M.D., M.R.C.P.
	R. A. Craig, M.D., M.R.C.P.
Principal Dental Officer	J. F. A. Smyth, L.D.S.
Area Dental Officers	L. Jones, B.D.S.
	J. P. B. Pengelly, L.D.S.
Orthodontists	G. D. Everard, L.D.S.
	Mrs J. M. Popplewell, L.D.S. (part-time)
Dental Officers	A. C. Bloomfield, L.D.S.
	Mrs M. E. Bell, L.D.S. (part-time)
	W. M. Evans, B.D.S. (part-time)
	D. N. de Gruyther, L.D.S.
	W. M. Ellis, L.D.S.
	Mrs A. Halazonetis, L.D.S. (part-time)
	R. D. Jefferies, L.D.S.
	N. Killingback, B.D.S.
	T. A. T. Kolb, B.D.S. (part-time)
	Mrs I. M. Leach, L.D.S. (part-time)
	Mrs M. J. Leech, L.D.S.
	J. A. Macphail (part-time)

Dental Officers (cont.)					R. R. Merritt-Hawkes, L.D.S. Mrs B. Pitter, B.D.S. Mrs D. W. Squires, L.D.S. L. H. Stratford, L.D.S. D. A. Thomas, L.D.S. G. N. Willetts, L.D.S.
Dental Auxiliaries	...	...	...	...	4
Dental Health Education Officer	...	...	...	...	Mrs H. B. Iliffe
Dental Surgery Assistants	...	...	...	...	31 (equivalent of 22 full-time)
County Dental Laboratory :					
1 Senior Technician-in-Charge					
3 Technicians and 1 Apprentice					
Superintendent Health Visitor	...	...	...	...	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor	...	...	...	...	Miss G. E. Brocklebank
Health Visitors	...	...	...	...	87
County Nursing Association :					
Secretary	...	...	...	...	R. C. Brain
Superintendent	...	...	...	...	Miss M. A. Bach
Assistant Superintendents	...	...	...	...	Miss C. M. Allison Miss C. E. Brownhill Miss P. A. Hicks 29 District Nurse/Midwives/Health Visitors 84 District Nurse/Midwives 59 Home Nurses (15 part-time) 16 Midwives (2 part-time)
Orthopaedic After-Care Sisters	...	...	...	...	4
Mental Health Home Teacher	...	...	...	...	1
Senior Mental Welfare Officers	...	...	...	...	D. S. Bayliss F. R. Dickinson R. T. Ireland T. W. Murden D. W. Parker A. E. Poyser
Mental Welfare Officers	...	...	...	...	10
Headteachers, Junior Training Centres	...	...	...	...	4
Manager, Training Centre	...	...	...	...	1
County Public Health Officer	...	...	...	...	R. H. Craig, M.I.P.H.E., M.R.S.H., M.R.I.P.H.H., M.A.P.H.I.
Assistant County Public Health Officer	...	...	...	...	L. G. Norman, S.R.N., M.A.P.H.I.
County Ambulance Officer	...	...	...	...	W. C. Virgo, O.B.E.
Health Education Officer	...	...	...	...	Miss F. E. Fortnam
County Home Help Organiser	...	...	...	...	Mrs H. K. Paine
Area and Assistant Home Help Organisers	...	...	...	...	14
Social Welfare Officers—Blind	...	...	...	...	Miss J. E. Alsop (Senior) and 6 Officers
Deaf	...	...	...	...	Miss E. D. Galbraith
Physically Handicapped	...	...	...	...	Mrs D. M. Parsons
Occupational Therapists	...	...	...	...	5 and 1 part-time
Chief Chiropodist	...	...	...	...	D. E. Boden
Senior Chiropodists	...	...	...	...	6

Part-time Chiropodists	...	...	...	6
Administrative Officer	...	...	...	A. Hudson
Senior Administrative Assistants	...	...	...	F. H. Livesey, D.P.A. A. F. Poyser F. B. Wilton

DELEGATED AUTHORITY—BOROUGH OF CHELTENHAM

Medical Officer of Health	...	...	...	T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G.
Deputy Medical Officer of Health	...	...	...	D. B. Hill, M.B., L.R.C.P., D.P.H.
Area Dental Officer	...	...	...	P. B. Stone, L.D.S.
Dental Officers	...	...	...	Mrs S. F. Gardiner, L.D.S. A. W. McCarthy, L.D.S.
Dental Hygienist	...	...	...	1
Assistant Nursing Superintendent	...	...	...	1
Health Visitors	...	...	...	12 (including 1 Senior)
Senior Mental Welfare Officer	...	...	...	G. H. Watts
Home Help Organisers	...	...	...	1 Area Organiser and 1 Assistant
Home Teachers for the Blind	...	...	...	2 (1 part-time)
Social Worker	...	...	...	1
Head Teacher, Junior Training Centre	...	...	...	1
Manager, Senior Training Centre	...	...	...	1

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area (in acres) :—

Urban	24,179	
Rural	749,110	
	<hr/>	773,289

Population :—

Registrar-General's Estimate (Mid-year, 1965) :—

Urban	179,000	
Rural	363,580	
	<hr/>	542,580

Rateable Value (1st April, 1965)	... ..	£17,814,493
Sum represented by a penny rate	... ..	£74,461

Extracts from Vital Statistics :—

Live Births—Legitimate	... ..	10,117
Illegitimate	... ..	645
		<hr/>
	Total	10,762

Rate per 1,000 population	... ..	19.82
Illegitimate live births per cent of total live births	... ..	5.99
Still-births	... ..	145
Rate per 1,000 total live and stillbirths	... ..	13.29
Total live and stillbirths	... ..	10,907
Infant deaths (deaths under 1 year)	... ..	177
Infant mortality rates		
Total infant deaths per 1,000 total live births	... ..	16.45
Legitimate infant deaths per 1,000 legitimate live births	... ..	16.51
Illegitimate infant deaths per 1,000 illegitimate live births	... ..	15.50
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	... ..	10.69
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	... ..	9.01
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	... ..	22.19
Maternal mortality (including abortion)		
Number of deaths	... ..	1
Rate per 1,000 total live and stillbirths	... ..	0.09

1. Live Birth Rate

The Birth Rate for the year 1965 was 19.82 per 1,000 of the population, compared with 19.48 in 1964.

The following table shows the comparative figures for the past five years :—

	1961	1962	1963	1964	1965
Urban	18.09	18.82	18.64	18.97	19.02
Rural	18.35	18.66	19.57	19.74	20.21
Administrative County ...	18.26	18.71	19.25	19.48	19.82
England and Wales	17.4	18.0	18.2	18.4	18.1

2. Death Rate

The Death Rate for the year was 10.14 per 1,000 of population as compared with a rate of 10.18 last year. This compared favourably with the rate of 11.5 for England and Wales.

The total number of deaths in the County during 1965 was 5,501 and chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	719	4.02	1,243	3.42	1,962	3.62	37.12	34.88	35.67
Cancer	336	1.88	653	1.80	989	1.82	17.35	18.32	17.98
Vascular lesion of nervous system	280	1.56	485	1.33	765	1.41	14.46	13.60	13.91
Pneumonia	122	0.68	205	0.56	327	0.60	6.30	5.75	5.94
Bronchitis	81	0.45	142	0.39	223	0.41	4.18	3.98	4.05
Other Circulatory Diseases	92	0.51	156	0.43	248	0.46	4.75	4.38	4.51
Accidents	40	0.22	138	0.38	178	0.33	2.07	3.87	3.24

3. Infantile Mortality

The Infant Mortality Rate for the County was 16.5. The rate for England and Wales for the same period was 19.0, the lowest ever recorded.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1957	57	22.1	112	22.4	169	22.3	23.1
1958	59	22.1	99	18.6	158	19.8	22.6
1959	54	19.3	90	16.8	144	17.7	22.2
1960	48	15.5	108	18.8	156	17.7	21.9
1961	59	19.2	113	18.7	172	18.9	21.6
1962	79	24.4	108	17.1	187	19.6	21.6
1963	60	18.5	122	18.0	182	18.2	21.1
1964	55	16.5	121	18.2	176	17.0	19.9
1965	50	14.7	127	17.3	177	16.5	19.0

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities

(a) The Public Health Laboratory Service established in Gloucester in 1964 was fully operational by the end of the year.

(b) REPORT OF E. G. WHITTLE, ESQ., B.Sc., F.R.I.C., PUBLIC ANALYST

SUMMARY OF EXAMINATIONS

Milks	1,126
Food and Drugs	866
Waters and Swimming Baths	181
Fertilisers and Feeding Stuffs	263
Miscellaneous	218
	<hr/>
	2,654
	<hr/>
Atmospheric Pollution	
Lead Peroxide	36
Deposit Gauges	36
Spectrophotometric Analysis	98
Chlorination	195
Pharmacy and Poisons	8
	<hr/>
	373
	<hr/>

This is a grand total of 3,027, the highest yet recorded with notable increases in milk sampling, over 150 more. Miscellaneous samples have increased by 50 per cent and chlorination and inspection visits have increased significantly.

SUMMARY OF MILK ANALYSES

The table below represents a satisfactory state of affairs in respect of compositional quality of milk in the County. Of 927 ordinary milks, including M.M.B. Contract (School Milks), seventeen were fat deficient and one contained added water. All of the 105 M.M.B. Contract samples were satisfactory—this is a very happy state of affairs to be able to report. Of 199 Channel Island Milks, eleven were deficient in fat with five samples containing added water. Only eleven samples of the total 1,126 showed abnormal solids-not-fat figures, i.e. less than 8.5 per cent but without signs of added water. A further eight were poor quality in respect of fat that is just outside the satisfactory 3 per cent.

Total Milks	...	...	...	...	...	1,126
Fat deficient	...	...	...	...	...	17
Added water	...	...	...	...	...	1
Abnormal Solids-not-fat	...	...	...	...	...	11
Poor quality—just less than 3 per cent	...	...	...	...	...	8
Channel Island, satisfactory	...	...	...	...	...	183
Channel Island, unsatisfactory	...	...	...	...	...	16
Channel Island, appeal to cow	...	...	...	...	...	5
Formal Milks	...	...	...	...	...	457
M.M.B. Contract	...	...	...	...	...	105

FOODS, OTHER THAN MILK, WITH IRREGULARITIES

A.5545	Shredded Beef Suet	Contained only 80.5 per cent of fat. Statutory minimum is 83 per cent. Sample badly separated into fat and starch.
C.5569	Beef Sausage Meat	Contained 120 p.p.m. of sulphur dioxide preservative which was not declared.
C.5577	Beef Sausages	Contained 155 p.p.m. of sulphur dioxide preservative which was not declared.
C.5592	Beef Sausages	Contained 336 p.p.m. of sulphur dioxide preservative which was not declared.
A.5472	Beef Sausages	8.6 per cent deficient in meat.
B.5721	Pork Sausages	13.2 per cent deficient in meat.
A.5816	Plain Flour	Low in calcium as required by the Bread and Flour Regulations, 1963.
B.5973	Beef Sausages	Contained sulphur dioxide equivalent to 144 parts per million which was not declared.

COMMENT ON OTHER FOOD AND DRUGS SHOWING POINTS OF INTEREST

A.5439	Pure Almond Marzipan	28 per cent of ground almonds.
A.5483	Shredded Suet	82 per cent of fat. Just below 83 per cent minimum requirement.
A.5500	Pure Lard	Antioxidant 94 p.p.m. of octyl gallate against 100 p.p.m. declared.
A.5520	Butterscotch	6 per cent of fat which was all butter fat. 4 per cent minimum is recommended.
A.5576	Isogel	This preparation complied closely with B.P.C. requirements and the smell was normal and not due to mould growth. It is intended for use as a laxative.
B.5626	Lard	Declared as containing less than 100 p.p.m. of butylated hydroxyanisole. Found 53 p.p.m.

B.5627	Plain Flour	Complied with the Bread and Flour Regulations, 1963.
C.5504	Blackcurrant Health Drink	Contained 88 milligrams of ascorbic acid per fluid ounce against the amended declaration of 80 milligrams. A survey of 10 blackcurrant drinks in 1964 indicated that the average Vitamin C content was 25 milligrams per fluid ounce.
C.5525	Spanish Rice	The ingredients were substantially as in the order stated.
C.5571	Plain Flour	Slightly low in iron. Repeat sampling advised.
C.5582	Plain Flour	Slightly low in iron. Repeat sampling advised. Repeat satisfactory.
A.5599	Rice Pudding	Rice 11.0 per cent, Sugar 5.8 per cent, Milk 82.0 per cent, Water 1.2 per cent.
A.5626	Pure American Lard	Contained 30 p.p.m. of butylated hydroxyanisole.
A.5711	Cottage Cheese	A medium fat curd cheese with 4 per cent of fat and 76 per cent water.
A.5659	Pineapple Pie	Complaint of taste of disinfectant was not substantiated.
B.5712	Blackcurrant Jam with Vitamin C	Found 64 mg. Vitamin C per ounce against 40 mg. declared.
B.5727	Marzipan Almond Icing	Contained 32 per cent ground almonds.
B.5719	Choc. Mix	Contained 19 per cent of fat free cocoa matter.
B.5736	Chocolate Roll	Contained 12.7 per cent of fat free cocoa matter.
B.5754	Semolina	No undue acidity which might cause curdling in a pudding.
B.5758	Dairy Fudge	Both with 6 per cent Butterfat. Code of Practice suggests 4 per cent as minimum.
B.5760	Butter Fudge	
C.5729	Eclairs with Real Cream	Fat in the filling was wholly butterfat.
C.5743	Choc. Swiss Roll	The Chocolate portion contained 6.2 per cent of dry fat free cocoa.
A.5820	Milk Shake Syrup	Contained 45 per cent of sugar and the equivalent of some 30 per cent of pineapple juice.
A.5822	Grapefruit Squash	Contained 25 per cent of sucrose (min. 22.6 per cent) and permissible amounts of saccharin and cyclamic acid.
A.5823	Lime Juice Cordial	
A.5815	Butter Crisps	
A.5876	Fish Cakes	The fat 7.3 per cent was entirely butterfat. Description warranted.
A.5885	Milk Plus	Contained 52.5 per cent of fish. (Requirement is a minimum of 35 per cent).
A.5925	Butter	Fat, lucrose, sugar, protein and moisture totalling to 100 per cent and the 13 per cent fat was entirely butterfat. Fat consisted wholly of butterfat with no evidence of margarine.
B.5986	Fish Cakes	Fat consisted wholly of butterfat with no evidence of margarine.
B.6044	Cough Linctus	Contained 54.3 per cent of fish. (Requirement is a minimum of 35 per cent).
B.6045	Ferromyh Tablets	
B.6046	Prodexin Tablets	
B.6047	Paynocil Tablets	
B.6048	Tyrozet Tablets	
B.6049	Mycardol Tablets	
B.6050	Mysoline Tablets	
B.6051	Nacton Tablets	
		Some newer drugs all of which assayed correctly and complied with B.P. requirement.

B.6096	Curd Cheese	}	In 1963 Proposals were issued for controlling the composition of cheese. These samples would under those proposals rank as "medium fat soft cheese" and would then be described as such. This would obviate "cream and cottage" descriptions to cheeses which suggest some particular richness in fat which is certainly not always true.
B.6097	Cottage Cheese		
C.5897	Milk Chocolate Wafers		The general laboratory opinion would favour the view that the article was a chocolate coated biscuit.
A.6102	Part of Loaf		Greenish stain due to traces of copper, possibly from bakery machinery. Amount 3.5 p.p.m. well within recommended 20 p.p.m. in foods.
B.6106	Stones		2 small insoluble stones alleged to have been found in a tin of beans.
B.6114	Loaf of Bread		2 small pieces of glass 3/10ths and 1/10th inch in length, but no characteristics to indicate their origin.
B.6134	Beefburger		"Foreign matter" was a portion of dried fat and not a slug as alleged.
C.6003	Milk		Contained a large green caterpillar.
C.6052	Bread		Yellow spots and streaks identified as a permitted food colour yellow R.F.S.
C.6064	Sweets		Alleged foreign body was a small air pocket in the sweet.
C.6099	Chips—Comprised 52 per cent potato and the rest batter.		
A number of sausages were examined—73 in all. There were 27 Pork, 45 Beef and 1 Liver. Five were low in meat content and in all cases the sulphur dioxide was within the prescribed amount, although three had no preservative declared.			
A number of meat products were examined during the year, a total of 61. Eight of these had low meat content and on four no standard recommended. One raw minced meat was free from nicotinic and ascorbic acid as required by the Meat (Treatment) Regulations, 1964.			
A number of fish products were also examined, a total of 20. They were all found to be satisfactory although on three there was no standard recommended.			
B.5596	Slices of Bread		Dark streaks and patches due to soiled dough and traces of oil.
B.5523	Milk with foreign body		Contained a Bengal match, two inches in length which has been ignited but contained traces of barium used to give a green flame. Case taken 25th March with a plea of guilty.
C.5526	Milk with foreign body		Contained a curved splinter of glass fitting exactly in the lip of the bottle and retained in place by the foil capping.
C.5567	Biscuits		Contained fragments of the house fly, probably in the mould at the time of mixing.
C.5619	Canned Fruit Salad		Contained a wasp.
C.5620	Canned Pears		Contained a green bottle fly.
A.5586	Cake		Contained a charred portion of cake mix.
B.5768	Milk Bottle		Contained a fragment of glass which could pass through drinking straws of 3/20th inch diameter. The glass fragment was 1/10th inch in width.

C.5701	Sausage Roll	Contained a $\frac{1}{4}$ inch screw with countersunk head.
C.5702	Butter Beans	Contained a portion of a cigarette.
C.5703	Butter Beans	Contained a small piece of wood.
C.5761	Brown Bread Roll	Contained a portion of twisted brown string.
C.5791	Milk Bottle	Contained a curved splinter of glass derived from the neck of the bottle.
C.5832	Sausage and Tomato Pie	Small fragments submitted were of the nature of plastics probably polystyrene. No fragments were found in the pie.
C.5833	Custard Tart	Contained 4 patches of mould growth. The largest was 8 millimetres diameter.
C.5834	Sausage	Fragments of plastic similar to C.5833 were submitted. One piece $\frac{1}{4}$ inch \times $\frac{1}{2}$ inch was found in the sausage.
A.5851	Bread	Contained soiled dough with some mineral oil.
A.5888	Fish Cake	Contained some dark fragments consisting of fish scales and potato.
A.5967	Cake	Contained a white coarse label 3 inches by $1\frac{4}{5}$ inches with perforations and a code number. It was a portion of a label from a flour sack.
B.6060	Milk Bottle	Contained a thick pellicle of mould of the penicillium type.
B.6098	Portion of Meat Pasty	} Contained respectively 42.7 and 40.8 per cent of meat. There was no evidence of fish as alleged.
B.6099	Meat Pasty	
C.5835	Milk	Contained a pellicle of mould growth. A bowl of corn-flakes and a stained table cloth were also examined in association with this case.
C.5919	Milk	} An extremely small amount of dark amorphous particles and fragments of fibres.
C.5920	Milk	
C.5927	Bread	Contained a beetle Tenebric Molitor which had certainly been baked with the bread.
B.6196	Lard	Incipiently rancid. No antioxidant present or declared.
B.6197 to		
B.6203	Yoghourt	All of satisfactory composition and character.
B.6115	Corn Crisps	} Comments required on descriptions of these articles.
B.6116	Rice Crisps	
B.6117	Light Cake Coating	
C.6031	Caerphilly Cheese	} General comparison indicated that these were one and the same cheese.
C.6032		
C.6098	Cream Macaroni Pudding	Full composition given. 10 per cent macaroni in 82 per cent whole milk with added sugar.
B.6152	British Sherry	27.3 per cent proof spirit.
B.6153	Apricot Wine	28.0 per cent proof spirit.
B.6154	Rich Ruby Wine	27.6 per cent proof spirit.
B.6171	Aspirin	Of satisfactory composition, but should be labelled B.P. 1958, since it did not comply with 1963 B.P. requirements.

WATERS, EFFLUENTS, ETC.

Mains supplies	...	...	...	...	...	56
Wells, boreholes and springs	...	...	...	...	...	48
Sewage and Trade effluents, streams and surface waters	...	...	...	...	...	62
Swimming baths	...	...	...	...	...	7
Miscellaneous	...	...	...	...	...	7
						<hr/> 180 <hr/>

Of the 104 potable supplies, that is the first two items, 36 were unsatisfactory from various chemical aspects.

ANTIBIOTICS IN MILK

In June examinations were began on milk samples for the presence of penicillin by the T.T.C. test. Cows are treated for mastitis with antibiotics principally based on penicillin and a period of at least 48 hours should elapse after treatment and before the milk of such animals is passed for human consumption. It is Ministry policy, as far as possible, to discourage excessive and undesirable use of antibiotics in this way, but other preparations besides penicillin are available without the need of veterinary advice and prescription. One such preparation is nitrofurantoin in combination with furazolidone. Others such as dihydrostreptomycin and chloramphenicol are relatively insensitive to the T.T.C. test.

Again in the first quarter of examinations four samples showed evidence of penicillin ranging from 0.05 to 0.4 international units per millilitre and of the 81 samples tested a further 38 showed varying degrees of inhibition thought to be due perhaps to traces of detergents or even other less specific antibiotics.

Finally by the end of the year 477 milks had been tested for antibiotics of which 21 were positive for penicillin, that is to say 4.4 per cent of all samples. As the work progressed less and less trouble was experienced with other types of inhibition. The range of penicillin found was from 0.03 to 1.0 international units per millilitre. All milks were also tested for chemical composition.

2. National Health Service Act, 1946

(i) HEALTH CENTRE, CHELTENHAM

The Hester's Way Health Centre continued to provide medical and health services for the population on the estate. Attendances during the year were as follows :—

General Practitioner Consultations	...	...	17,552
Treatment and Casualties	...	...	3,290
Attendances—Child Welfare	...	...	4,173
—Orthopaedic	...	...	59
			<hr/>
Total			25,074 <hr/>

(ii) CARE OF MOTHERS

(a) Expectant and Nursing Mothers

Two thousand one hundred and seventy mothers received Ante-Natal care at the 27 local authority clinics held for this purpose. Others were seen by Midwives who hold clinics at their own premises and 53 Midwives attended clinics held by General Practitioners at 45 surgeries. In all cases where Midwives, Health Visitors and General Practitioners were able to work together, either by Practitioners working in local authority premises or by Midwives and Health Visitors joining the Practitioner in his surgery the mothers benefitted through continuity of care and the co-operation of those responsible for her well-being.

Mothercraft and Relaxation Clinics were held at 43 Centres. New Centres were opened at Hambrook, Lydney and Frampton Cotterell. Classes increased to weekly sessions at Bishops Cleeve and extra classes held at Soundwell.

The numbers attending were :—

Booked for hospital delivery	...	...	...	1,647
Booked for home delivery	...	...	...	591
Total Attendances	...	...	...	10,883

Fathers were invited to attend sessions when Parentcraft talks were given by one of the male doctors.

During the year a second course of training in the techniques of relaxation instruction was held for Midwives and Health Visitors. These courses will be repeated until all the staff have received training.

(b) *Arrangements for Confinement*

The total number of births notified in 1965 was 10,863, an increase of 363. The number of these taking place in hospital was 8,067 (74.3%). The proportion of deliveries taking place in hospital has been steadily increasing over the past ten years and this is the highest percentage yet recorded. Domiciliary deliveries are decreasing in spite of increase in total births and in 1965 were 2,796 (25.7%) as compared with 2,960 (28.2%) in 1964 and 3,073 (34.3%) in 1960. Discharge home 48 hours after delivery continues to be popular, especially with mothers who have other small children at home from whom they do not wish to be separated too long. Enquiries are still made to ensure that facilities at home, including domestic help, are adequate for the mother and her child, both in the event of a home confinement or early discharge home. The numbers of investigations carried out were as follows :—

	1964	1965
(1) Applications for hospital confinement on social grounds	1,997	2,269
(i) Hospital confinement recommended	1,690 (84.7%)	1,997 (88.0%)
(ii) Circumstances suitable for home confinement ...	307 (15.3%)	272 (12.0%)
(2) Applications for discharge home after 48 hours	1,167	1,298
(i) Circumstances considered suitable	965 (82.7%)	996 (76.7%)
(ii) Circumstances considered unsuitable	202 (17.3%)	302 (23.2%)
Total social enquiries made	3,164	3,567

In view of the increasing numbers of mothers who are returning home for nursing after delivery an estimate was made of the effect of early discharge home on the mother and child by following up for six weeks all babies who were born in March, 1965. Health Visitors made enquiries about the health of the mother and child during this period, and also about the establishment of breast feeding. The efficiency of domestic arrangements made for those who had a home confinement or early discharge home was also investigated. Comparison of the three groups, those who were confined at home, those who had their babies in hospital and returned home after 48 hours, and those who had a full stay in hospital was made. Thirteen per cent were discharged at 48 hours or less, 22 per cent on days 3 - 8 and the rest after a full stay. It was found that the mothers discharged at 48 hours had a slightly increased risk of developing a minor condition requiring treatment, but that the babies discharged at 48 hours showed a smaller incidence of complicating conditions than the other groups. The babies discharged at 48 hours had a markedly higher rate of success in the establishment of breast feeding. Of the mothers who wished to breast feed their child the percentages of those who were still feeding at 6 weeks were :—

Discharged	%
48 hours and less	55
3 - 8 days	38
9 days and more	39
Home confinement	42

The number of mothers involved in this survey was 880 ; of these 374 required domestic help to make home delivery or early discharge possible. In only 4 cases were the arrangements felt to be at all inadequate. Each of these was due to poor planning or plans falling through.

(c) *Care of Mothers and Illegitimate Children*

The total of 653 illegitimate births registered in 1965 represents an increase of 72 over the previous year which itself had the highest incidence of illegitimacy since the closing years of the last war. This high illegitimacy rate has increased considerably the case loads of the workers for the Bristol Diocesan Association for Moral Welfare and the Gloucester Diocesan Council for Social Work, the agencies which act for the County Council in the care of the mother and her illegitimate child. The case work report of the Gloucester Diocesan Council for Social Work, which covers the larger part of the County, shows that 560 new cases were referred in 1965 for reasons of illegitimacy. A study of the ages of the mothers involved shows that the greatest increase occurred in the 18 - 22 age group, and the maximum incidence was in the 17 - 22 age group which produced 306 of the 560 cases. There was a fall in the number of girls of 16 and under who had illegitimate babies, but the fact that in spite of this there were 57 girls in this group gives cause for concern.

St Catherine's Home, Cheltenham

Fifty girls resident in Gloucestershire and 32 from outside the County were admitted to St Catherine's Home for care prior to and after the birth of their illegitimate babies. The average length of stay was 40 days before confinement and 32 afterwards.

(d) *Cervical Cytology*

During the latter months of the year the Oxford Regional Hospital Board announced that it was possible to accept cervical smears at the Pathological Laboratories at Swindon and Banbury for examination. Clinics were opened at Bourton-on-the-Water, Cirencester, and Moreton-in-the-Marsh, for the taking of smears and the service made available to all women over the age of 25 years. The attendances at the clinics which were opened in November for monthly sessions were as follows :—

Bourton-on-the-Water	...	...	...	...	35
Cirencester	...	...	...	...	34
Moreton-in-Marsh	...	...	...	...	27
					—
				Total	96
					—

(iii) CARE OF CHILDREN

(a) *Home Visiting*

The number of children visited by Health Visitors in their own homes was :—

Born in 1965	...	...	...	...	11,903
Born in 1964	...	...	...	...	10,478
Born 1960 - 63	...	...	...	...	23,221
					—
				Total	45,602
					—

The routine examination of the urine of babies for the detection of phenylketonuria was continued. No cases were detected. This test which is carried out when the baby is six weeks old was instituted in May, 1961, and so far no case has been recorded in this County. This, however, is no reason for discontinuing the test. The condition which seriously affects the mental and physical development of the child is treatable if detected early and is due to the presence of abnormal recessive genes in both parents. The absence of the disease from this area is a reflection of the low incidence of the abnormal genes in the population, a state of affairs which can be altered by the great mobility of present day families.

The general principle of vigilance for the early detection of handicapping conditions is further carried out in the maintenance of the Observation Register on which is placed the names of all children who are at risk of handicaps through some factor in their pre-natal, perinatal or postnatal history. These children are kept under special surveillance during home visits. At the end of the year 3,688 children were on the register.

Since the beginning of 1964 any congenital malformation which was observed at birth has been noted on the notification of birth which is statutorily required to be forwarded to the Medical Officer of Health of the Local Health Authority within thirty-six hours of every birth by the head of the household or the midwife or doctor present at the birth. In practice this duty is usually left to the midwife. The requirement to notify congenital deformities appears to have been complete. In 1964, 127 children had 139 malformations, and in 1965, 104 had 116 malformations. In both years about half were of the limbs, a quarter of the central nervous system, the next most common were of the alimentary system and the uro genital system. Reports are forwarded to the Registrar General. Individual children are followed up like those on the observation register. The large majority of the defects are minor.

(b) *Child Welfare Centres*

There were 110 static child welfare centres operating during the year. The centre at Ruspidge was closed after many years of valuable service to children in the area and the work done by the members of the voluntary committee during those years has been much appreciated. Children from the area now go to the Cinderford Centre. The two mobile clinics served 74 villages.

The percentage of children attending during the year remained about the same for those in the first year of life but the older children showed a marked decrease. This is not a satisfactory state of affairs as the routine examination of the pre-school child is to be encouraged.

	Attended	%	1964 %
Children born in 1965	8,053	74.8	(75.4)
Children born in 1964	6,504	63.0	(76.2)
Children born 1960 - 63	9,730	20.6	(33.5)

Last year's percentages for comparable ages are shown in brackets.

It is interesting to compare the number of children attending and the total attendances over a ten year period.

	1955	1960	1965
Number of children who first attended			
under 1 year	4,800	6,977	9,036
Total number of children who attended ...	15,792	19,721	24,287
Total number of attendances :—			
Under 1 year	49,343	62,671	86,667
Over 1 and under 2 years	19,460	22,059	26,954
Over 2 and under 5 years	27,404	28,171	32,049

The members of the Voluntary Committees of the Child Welfare Centres devote much time and thought to the running of the centres, carrying out the policy of the Health Committee and the Gloucestershire Federation of Child Welfare Centres. The attendance at Area Meetings shows the interest sustained in the wider aspects of Child Welfare. The work of all the members of the Federation and particularly the officers and area representatives of the Executive Committee is greatly appreciated.

(c) *Mothers' Clubs*

Nineteen Mothers' Clubs were holding meetings during 1965. These clubs have a mixed programme of social and educational events, at least half of the sessions during the year being given open to the consideration of some aspect of health education, principally children's mental and physical health and development. The Health Education Officer circulates the clubs with suggestions for topics and speakers and is always willing to help in the arrangement of an evenings' programme.

(d) *Distribution of Welfare Foods*

Welfare Foods were available at 175 Child Welfare Centres (static and mobile), 36 shops, 16 houses and 19 Part-time Offices with paid assistance.

Distributions were :—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamin A & D Tablets (Packets)
72,736 (79,084)	12,044 (12,033)	144,366 (137,751)	10,394 (10,961)

The 1964 figures are shown in brackets.

(e) *Day Nurseries*

Each of the three Day Nurseries in the County, at Swindon Road and Whaddon Road, Cheltenham, and Enmore House, Kingswood, had a long waiting list during the year. The number of available places between the three is 115 and the average daily attendance was 104.

(f) *Training of Nursery Students*

Student Nursery Nurses have been trained at each of the above mentioned nurseries, at Walton House Residential Nursery and Winchcombe Nursery School. Theoretical work is covered at local Technical Colleges. Thirteen students completed the second year of their training and were successful in passing the Final N.N.E.B. examination. During the year modifications of the training scheme were suggested and discussed nationally and many of the new ideas are being implemented including the provision of a broader background of education at the colleges. The age range of children who are the concern of nursery nurses is being extended from 0 - 7 years instead of 0 - 5 years as previously, which means that training with and work among children of early school age is a future possibility.

(iv) RECUPERATIVE HOLIDAY HOMES

Seven mothers went away for recuperative holidays accompanied by their children which numbered seventeen in all. One child under the age of 5 was also sent.

(v) PROBLEM FAMILIES

Thirty-seven new families were considered by the Officers' Co-ordinating Committees now held by Divisional Medical Officers of Health and by the Medical Officer of Health for Cheltenham Borough. Ninety-eight old cases continued under supervision. Three mothers with their 10 children went to mothercraft homes to receive training in housecraft and child care.

(vi) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There were 31 registered daily minders, offering places to 336 children.

In addition five premises, registered as nurseries, made a further 108 places available.

(vii) INFANT DEATHS

(a) *Neo-Natal Deaths*

There were 120 deaths notified as occurring during the first 28 days of life. Of these 101 occurred during days 0 - 6, and the remaining 19 deaths between 7 and 28 days.

The causes were as follows :—

The causes were as follows :—							0-6 days	7-28 days	Total
Prematurity—where this is given as sole cause							45	2	47
associated with atelectasis							8	—	8
associated with other conditions							17	3	20
Congenital Defects							9	7	16
Cerebral Haemorrhage							4	3	7
Atelectasis							8	1	9
Infections							3	3	6
Haemolytic Disease							1	—	1
Other							6	—	6
							101	19	120

The deaths occurring during days 0 - 6 are regarded as being associated with events during the ante-natal period or during labour and are added to the stillbirths to give the number of peri-natal deaths.

The following table shows the Peri-natal and the Neo-natal Death Rates for the last five years :—

							Peri-natal Death Rate	Neo-natal Death Rate
1961	...	...	...	...	...	...	27.08	13.86
1962	...	...	...	...	...	...	29.98	13.96
1963	...	...	...	...	...	...	22.73	12.70
1964	...	...	...	...	...	...	21.91	11.91
1965	...	...	...	...	...	...	22.48	10.69

(b) Infant Deaths

There were 65 deaths of infants between the ages of one month and one year.

							Place of Death		
							Home	Hospital	Total
Broncho-pneumonia	...	...	...	...	...	...	3	7	10
Broncho-pneumonia plus other conditions	...	...	...	...	...	...	—	5	5
Bronchitis	...	...	...	...	...	...	7	3	10
Asphyxia	...	...	...	...	...	...	9	—	9
Congenital Heart Disease	...	...	...	...	...	...	2	13	15
Congenital Deformities	...	...	...	...	...	...	—	4	4
Gastro-Enteritis	...	...	...	...	...	...	—	2	2
Meningitis	...	...	...	...	...	...	—	4	4
Accident	...	...	...	...	...	...	—	1	1
Other conditions	...	...	...	...	...	...	—	5	5
Total							21	44	65

It is interesting on comparing these figures with those of previous years to see that the proportion of infants dying at home is steadily decreasing, and that in fact, with a very few exceptions, the only home deaths are those of infants with an acute overwhelming chest infection of short duration, or accidental deaths due to asphyxia. The latter must be regarded as preventable. Deaths during the first year of life due to congenital deformities, have shown a reduction during the past five years. During 1965 there was an increase in the number of deaths due to congenital heart disease. An unexpected observation is that of the 15 deaths due to congenital heart disease 11 occurred in the South of the County.

The Infant Mortality Rates for the past five years are as follows :—

							England and Wales	County including Cheltenham	Cheltenham Borough
1961	...	...	...	...	...	...	21.6	18.91	23.58
1962	...	...	...	...	...	...	21.6	19.62	28.19
1963	...	...	...	...	...	...	21.1	18.20	25.52
1964	...	...	...	...	...	...	19.9	17.04	19.37
1965	...	...	...	...	...	...	19.0	16.45	12.71

The steady decline in the Neo-natal and Infant Mortality Rates has been maintained although there was a slight increase in the Peri-natal Death Rate.

(c) Premature Babies

There were 711 babies of birth weight 5 lb. 8 oz. or less born during 1965, as the analysis shows. The figures for 1964 are shown in brackets.

	Live	Stillborn	Total
Born in hospital	541	86	627
Born at home or in a nursing home ...	78	6	84
	—	—	—
Total	619	92	711
	(594)	(68)	(662)
	—	—	—

Of the 619 live births, 58 of the babies failed to survive the first week of life and of these 36 were 3 lb. 4 oz. or less in weight at birth. This represents almost two thirds of the babies born in this weight range. Of the 623 babies whose birth weight was above 3 lb. 4 oz. 572 survived beyond the 28th day. Seventy-eight of the premature babies were born at home or in a nursing home, eight of these failed to survive. Six of the premature stillbirths took place at home.

Special care of premature babies at home is still undertaken by two health visitors and three midwives who are specially trained for this purpose. The work in the South of the County is done in close co-operation with the Paediatrician responsible for the Special Care Unit. Equipment is available for the transport of premature babies to hospital and for the nursing of premature babies at home after discharge from hospital. A total of 2,118 visits were made to premature babies.

(d) *Illegitimate Infant Deaths*

Of the total of 653 illegitimate births eight were stillborn and seven died under the age of four weeks. Ten illegitimate babies died between one month and one year.

(e) *Stillbirths*

The stillbirth rate for the past four years has been as follows :—

1962	...	...	...	18.03
1963	...	...	...	11.66
1964	...	...	...	11.87
1965	...	...	...	13.29

Of the 146 stillbirths registered seven took place at home and the remaining 139 in hospital.

(viii) MIDWIFERY AND HOME NURSING

(a) *Staff*

The year saw no improvement in the staffing position and at the end of the year there were vacancies for seven District Nurses and three Area Relief Nurses. More married nurses returned to the service, some working full time but others only part-time.

During the year the Gloucestershire County Nursing Association after a series of meetings advised the County Council that it would not continue as the Council's Agent to provide a Home Nursing Service after 31st March, 1966. The Association would, however, remain as a purely Welfare body and would continue to administer the County Welfare Fund for Nurses.

The building programme for Nurses' Houses is now almost ended and no new houses were completed during the year but work was commenced on a new house at Hawkesbury, Upton.

During the year preliminary steps were taken to close down the last two remaining Nurses' Homes in the County, the Kingswood Nurses' Home and the Victoria Home, Cheltenham. It is apparent that most nurses now prefer to provide their own accommodation rather than lead the communal life of the Nurses' Home and our two Nurses' Homes ceased to be an economic proposition or a means of recruiting staff.

On December 31st, 1965, the staffing position was as follows :—

	Whole Time	Part Time	Total
County	148	12	160
Cheltenham	27	4	31

Of the above 58 were general nurses, the rest being also State Certified Midwives, 127 of whom were undertaking midwifery. There were 8 vacant districts in the County and vacancies for 2 area reliefs at the end of the year.

The record of the year's work is as follows :—

New Cases

General cases brought forward from 1964	...	...	...	2,979
New General Cases (of all ages)	...	...	...	8,380
Women Delivered—booked by Doctor	...	...	...	2,721
not booked by Doctor	...	...	...	14
Mothers discharged from hospital before 10th day	...	...	...	2,788
after 10th day	...	...	...	115
Premature Babies	...	...	...	49
Miscarriages	...	...	...	70

Home Visits

Total of General Visits	...	...	...	262,315
Visits to Women Delivered—booked by Doctor	...	...	...	44,817
not booked by Doctor	...	...	...	54
Ante-Natal Visits—Home Bookings	...	...	...	25,391
Hospital Bookings	...	...	...	7,206
Discharges from hospital before 10th day	...	...	...	20,162
after 10th day	...	...	...	466
Visits to Premature Babies	...	...	...	621
Ineffective visits	...	...	...	6,348

Clinic Sessions

Ante-Natal and Post-Natal	...	...	...	3,625
Mothercraft Classes	...	...	...	741
Women's Welfare	...	...	...	32
Child Welfare Centres	...	...	...	759

Public Health

Total of all visits made as Health Visitor	...	...	...	18,750
Total sessions attended as Health Visitor	...	...	...	1,238

While the numbers of home deliveries are decreasing with the increase of hospital confinements the work of the domiciliary midwife is increasing in another aspect of this field. Large numbers of women are preferring to return home early after hospital delivery if their medical and social conditions permit. Accordingly the numbers of women nursed at home after delivery in hospital have risen markedly in the last five years. The numbers are as follows :—

				Cases	Visits
1961	...	...	...	1,118	7,922
1962	...	...	...	1,488	10,483
1963	...	...	...	1,897	14,420
1964	...	...	...	2,317	16,746
1965	...	...	...	2,788	20,162

Many members of staff attended refresher and training courses. Two attended a course in administration and 14 attended the County course in Mothercraft and Relaxation. The statutory Midwifery Refresher Course, which has to be attended by all practising midwives every five years, was attended by 31 members of staff who went to various centres about the country, enjoying not only the change of scenery but also the opportunity to exchange ideas with colleagues from other authorities. Six midwives who were returning

to midwifery after a long absence, usually for domestic reasons, were brought up to date in their knowledge and techniques at practical refresher courses. Two attended general nursing and three health visitors' refresher courses. District training was undertaken by two nurses and 36 pupils completed Part II Midwifery Training, working on the district with County staff who are recognised as District Teaching Midwives.

(b) *Puerperal Pyrexia*

The 50 cases of Puerperal Pyrexia investigated during the year were found to be due to the following causes :—

	Home	Hospital	Total
Urinary Tract Infection ...	1	8	9
Cause not known	9	15	24
Other	5	12	17
	—	—	—
	15	35	50
	—	—	—

(c) *Maternal Deaths*

There was one death associated with pregnancy.

(d) *Local Supervising Authority*

Notifications of intention to practise were received from 275 midwives ; 136 of these were employed by the County Nursing Association. Those employed by Hospital Management Committees numbered 130, and nine were in private domiciliary practice.

Visits of supervision were made to County Council Midwifery Staff by the non-medical supervisors who are responsible for inspection of the work and records of the domiciliary midwives ; group meetings of midwifery staff were called to discuss latest developments and day to day problems.

(i) *Deliveries attended by Midwives*

	Domiciliary	Institutional	Total
Employed by voluntary organisations	2,734	—	2,734
Employed by Hospital Management Committees	—	5,057	5,057
In private practice	9	—	9

(ii) *Medical Aid under Section 14 (i) of the Midwives Act, 1951*

Domiciliary	271
Cases in Institutions	114
	—
	385
	—

(e) *Incontinence Pads*

Incontinence pads were provided as part of the arrangements for home nursing. The estimated usage for Old Age Pensioners, and patients in receipt of National Assistance or Sickness Benefit was 36,300.

Soiled pads are burnt wherever possible, but Polythene bags are provided where necessary so that the ordinary refuse collection can be used. No charge is made for the service and pads are also issued through the Home Help Service where patients are not receiving domiciliary nursing. The Aseptor bags have proved satisfactory and there were no reported difficulties in disposal.

(ix) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

*Report of the Chief Dental Officer**Staff*

At the end of 1964, the staff of dental officers was precisely the same as at the end of 1963, and was insufficient to meet adequately the demand for treatment in several areas. It is, therefore, depressing to have to record that on 31.12.65 the staff was diminished by one whole-time dental officer, the total being 19 whole-time and 7 part-time, giving a whole-time equivalent of 21.6 officers.

The average staffing level for the year (based on the number of sessions worked) showed an increase of 3.2% over 1964. This increase was confined to Cheltenham Borough, the County increase being negligible. Illness accounted for loss of time equivalent to about one dental officer, or 5% of the possible sessions. With an increase in population of 2.3%, it will be seen that the dental services in the County area lost ground in 1965. One dental auxiliary resigned in January, one more being appointed at the beginning of the year, and another in September.

Sessions devoted to Maternity and Child Welfare work increased by 31 over the 1964 figures, but again represented only 4% of the total sessions worked.

Treatment of Expectant and Nursing Mothers

The statistical returns required by the Ministry are given in Tables A and B below. Compared with 1964, the figures show a drop of 27% inspected and 25% treated. Whilst it is known that more patients are being treated by general practitioners, the extent to which mothers are, in fact, receiving the treatment they need should (when time permits) be ascertained by a survey, so that the Health Committee is informed as to how far it is fulfilling its duty under Section 22 "to make arrangements for——— in particular the dental care of expectant and nursing mothers." The pattern of treatment shown in Table C is similar to 1963, but greatly improved on the average for the previous five years as far as loss of teeth and provision of dentures is concerned.

Inspection and Treatment of Pre-School Children

In 1963 I reported that it was estimated that only 5% of children aged 2 - 4 years inclusive were inspected, and that only 13% of those needing treatment received it from any service. In 1964 there was no improvement, but it is most encouraging to record that, as a result of particular efforts by health visitors and the various sections of the dental staff, the number inspected last year rose by 48% to 1,247. The number treated rose by 37% to the highest recorded except for the year 1955. Including the children under five inspected at school I estimate that approximately 17% of children aged 2 - 4 years were dentally inspected by County staff, and if those seen by general practitioners are included, a rough estimate would be that one in five of these children was inspected. This is an improvement, but not yet a brilliant achievement, and it indicates how much more work is needed in this field.

The pattern of treatment for pre-school children continues to be encouraging, as seen in Table C. Extractions were nearly 60% less than in the five years 1959-63, and fillings were 75% more. Dental auxiliaries have shown their value particularly in the treatment of young children.

Table A—Numbers of Cases

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
Expectant and Nursing Mothers ...	274	254	185
Children aged under 5 and not eligible for school dental service	1,247	848	764

Table B—Dental Treatment Provided

	Scalings and Gum Treat- ment (1)	Fillings (2)	Silver Nitrate Treat- ment (3)	Crowns and Inlays (4)	Extrac- tions (5)	General Anaes- thetics (6)	Dentures Provided		Radio- graphs (9)
							Full upper or lower (7)	Part upper or lower (8)	
Expectant and Nursing Mothers	113	417	—	—	337	50	30	42	15
Children aged under 5 years and not eligible for School Dental Service	42	1,504	280	—	880	326	—	—	5

Table C—Treatment per 100 Patients

	Mothers			Children under five	
	Fillings	Extractions	Dentures	Fillings	Extractions
1965	164	133	28	177	104
1964	171	130	32	150	110
Average 1959 - 63	170	254	48	103	164

Prevalence of Decay

Random samples of sufficient size for dental surveys of pre-school children (especially those over two years old) are notoriously difficult to obtain. The records kept at school inspections of 5 year old children do, however, give a picture of the condition of the teeth of pre-school children. It is vitally important to realise that, according to present knowledge of enamel decay, a tooth is most susceptible to damage when it first appears in the mouth. Enamel requires two or three years after the tooth has erupted to become mature, and even if obvious decay is not seen for several years, it is believed that the initial damage occurs within the first few months of the tooth's appearance. In looking at the teeth of five year old children, therefore, we are seeing a pattern which was set three or four years earlier. The findings for 1965 are thus, broadly speaking, a picture of the environment of the teeth of the children in 1961 - 62.

The overall picture again shows slightly more children free from decay, but also a greater number with severe decay (evidenced by 10 or more temporary teeth, decayed, missing or filled). The changes are shown in Table D.

Table D—Caries Prevalence in 5-year old Children

								Percentage free of decay	Percentage with gross decay
1962	...	...	...	...	...	...	...	18.9	(Not recorded)
1963	...	...	...	...	...	...	...	19.4	7.9
1964	...	...	...	...	...	...	...	21.8	10.8
1965	...	...	...	...	...	...	...	21.9	12.7

It will be seen that the increase in children free from decay is smaller than the increase of those with gross decay. Some encouragement can be taken from the smaller increase in the latter from 1964 to 1965 compared with 1963 to 1964. In fact, the figures obtained during the latter half of 1965 showed an improvement over those in the earlier half, and observations of teeth of children under five suggested that 1966 might show a better record.

The regional variations continued the same unexplained pattern mentioned in previous Annual Reports. In brief, urban areas had the best teeth and the small towns and rural areas the worst. The North Cotswolds, Stroud, Dursley and the area between A.38 and the Severn (except Thornbury) continue to be the worst, with the Forest and Newent not far behind. The only area where a steady improvement has been seen is in Stroud. This is particularly encouraging, since a special effort has been made in Welfare Centres in this area for the past five or six years. Though it cannot be proved, there are grounds for belief that the improvement is a result of dental health education here. If this is so, then a similar improvement should be seen elsewhere in the next two years. The intensive level of work in the Stroud area was extended to the rest of the County a year or two later.

It is clear that there is much to be learnt from the regional differences that have been shown. The causes, or combination of causes, require carefully planned research if we are to understand all the factors concerned in the decay of young children's teeth. Prevention, by intelligent dental health education or other means, depends upon this greater knowledge. It is hoped that Gloucestershire, in association with University Departments, will be able to give a lead in this research, as it has done in dental health education and other ways. It cannot be too often said that prevention is better than cure.

The health visitors participated in a national survey into certain habits of young children, organised jointly by the Dental Group of the Society of Medical Officers of Health and Liverpool University. The results of this will not be available till 1966. During the latter half of the year, the dental health education officer and auxiliaries asked all mothers seen at Welfare Centres whether they gave children undiluted vitamin syrups or not. The replies to verbal questions which may have been phrased differently, are clearly liable to wide variation. It may be recorded that 18% of the 3,205 mothers questioned said they gave their children undiluted vitamin syrups.

Inspection by Ministry

An official inspection of the service was carried out by Dr. A. T. Wynne of the Ministry dental staff. The official letter from the Minister, based on his report, commended the dental service, particularly for its work in dental health education and surveys, and hoped that our efforts to give a better service to pre-school children would bear fruit. The organisation of the service is commended and the Minister states that "a notable contribution is made by the central dental office staff." I should like to add my personal appreciation and thanks to the administrative and clerical staff whose "backroom" work is easily overlooked.

Prevention of Dental Disease

The County Council, in common with all the other health authorities in the South-West (except Gloucester City) again turned down the Health Committee's resolution that the water supplies in the

County should be adjusted to 1 p.p.m. of fluoride, despite the unequivocal endorsement of the Minister of Health. The County cannot therefore claim to be in the forefront of those who will take any measure that will help to prevent dental disease. Fluoridation and dental health education are not mutually exclusive—they are complementary. Both are needed if the children for whose dental health the County is responsible are to have better teeth.

If the former has been ruled out for the present, I can record continuing work in dental health education. Table E records the main activities during the year.

Table E—Visits for Dental Health Education

	No. of Centres	Number Visited	No. of Visits
Mothercraft Centres	43	10	34
Child Welfare Centres—Fixed	111	111	328
Mobile	66	64	107
Mothers' Clubs	19	4	5

It is disappointing that it has been possible to do comparatively little in Mothercraft Centres and Mother's Clubs. Greater co-operation with nurses and health visitors is required here. We should further consider whether mothers who do not attend these centres are given adequate dental advice. There are so many aspects of motherhood that doctors and nurses must cover, that it would not be surprising if the care of the teeth of young children were given a minor place. This field needs exploring further.

Six monthly visits were paid to almost all the County Welfare Centres, and in Cheltenham the hygienist paid monthly visits to each Centre. Eleven talks were given to various Women's Groups, other than Mother's Clubs.

Exhibitions were arranged at four local shows and at Soundwell Baths. More work was carried out with the younger generation by talks to Guides and Brownies (20) and to Youth Groups (3). This field is, we believe, in its infancy, and wider interest in dental health has been continued by an informal committee, which met twice in 1965, set up following the Conference at Sandywell Park in 1964. Another outcome of the Conference was the setting up of a joint committee of dentists and pharmacists. In October an open joint meeting was held between the two professions, and plans were made for a dental health fortnight in 1966. Last year I stressed the need for "a combined operation of all health workers." The interest and help of the pharmacists is an instance of this.

Conclusion

Progress has been made in the inspection and treatment of pre-school children. There are grounds for believing that the increase in the number of young children with gross decay is being stabilised, and that dental health education has played an important part in this.

The work of the dental laboratory is recorded in Table F.

Table F—Work of the Dental Laboratory

	Ortho- donic Appliances	Dentures	Repairs and Relines	Crowns and Inlays	Study Models	Other Mechanical Operations	Total No. of Operations
M. & C.W.	—	71	6	3	2	3	85
Total work (inc. M. & C.W., School, R.H.B. and Gloucester City)	1,097	477	121	26	2,419	102	4,242

(x) HEALTH VISITING

During the year there were additions to the health visiting staff due to the steadily increasing population and the absorption of district nurse/midwife/health visiting areas in the centre of the County. The use of qualified part-time married staff has continued and has proved of great value, but there have still been some vacancies throughout the year. The present number of Health Visitors attached to general practices is ten. Other attachments are under consideration. The arrangements work well and to the advantage of the public.

The first fieldwork instructors have attended short courses to give them an insight into new ideas on practical training of students. Health visitors are admirably placed to undertake research into family care and problems and several surveys were undertaken during the year. Another demand made on health visitors' time is the increasing requests for practical experience for students from Training Schools other than our own.

As in previous years courses and conferences were arranged to keep the health visitors aware of new developments in their own field. Health teaching in all possible ways remains their chief function and an increasing number of talks to many different types of groups of children and adults was given.

A summary of work done during the year :—

Total visits (23,388 were ineffective)	...	...	...	184,966
Clinic Sessions	...	...	...	8,403
School Sessions (including Medical Inspections, Hygiene Surveys, etc.)	...	...	...	5,887
Talks (including those given to Schools, and Mothercraft, etc)	...	...	...	1,564

Health Visitors' Training Course

Fifteen students completed the course which terminated on 16th July, 1964, and all students successfully passed the examination of the Royal Society of Health. Eleven sponsored students were appointed as full-time Health Visitors and one returned to combined work. One student sponsored by another authority returned to work as a full-time Health Visitor, one independent student returned to work in Nigeria and one with the Northern Indian Health Service.

Fifteen students were selected to take the course which commenced in September ; eleven students were selected under the County scheme and four were sponsored by other authorities.

Proposals for a new course of training designed to meet the new rules and regulations, were submitted in January, and received approval. The revised scheme of training came into operation in September, when the Training Course was transferred to the Education Department and the Health Visitor Training Council took over responsibility for Training Courses, Examination Procedure and the award of the Health Visitor's Certificate.

The new course aims to provide a comprehensive practical and theoretical training for the future role of the Health Visitor. Practical work is undertaken in Gloucester County Borough, Cheltenham and other areas in the County. Theoretical work is undertaken at the North Gloucestershire Technical College and at St Paul's College of Education in Cheltenham.

Medical Arrangements for Long Stay Immigrants

The Ministry of Health arranged, early in January, for medical inspectors at the ports to send the destination addresses to Medical Officers of Health so that the new migrants could be visited as soon as possible after their arrival. This has been done by the health visitors, who in spite of some language difficulties have been able to give information about the health services and to encourage chest X-ray examinations, where appropriate.

The countries issuing the passports were as follows :—

(a) <i>Commonwealth Countries</i>				(b) <i>Non-Commonwealth Countries</i>				<i>Total</i>	
(i) Caribbean	...	...	9	(i) European	...	...	214		
(ii) India	...	...	8	(ii) Other	...	...	3		
(iii) Pakistan	...	...	3						
(iv) Other Asian	...	...	2						
(v) African	...	...	3						
(vi) Other	...	...	10						
			—				—		
			35				217		252
			—				—		—

(xi) (a) *Vaccination of Persons under Age 16 completed during 1965**Table 1—Completed Primary Courses*

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple D.T.P.P. ... (Diphtheria, Tetanus, Pertussis, Polio)	137	150	19	8	3	1	318
2. Triple D.T.P. ... (Diphtheria, Tetanus, Pertussis)	3,900	4,010	391	109	136	19	8,575
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	16	19	12	17	511	301	876
5. Diphtheria ...	—	2	—	—	5	6	13
6. Pertussis ...	2	—	—	—	—	—	2
7. Tetanus ...	2	5	1	3	734	2,308	3,053
8. Salk (Polio Vaccine) ...	31	105	21	12	11	1	181
9. Sabin (oral) (Polio Vaccine)	1,652	6,168	1,274	483	1,093	186	10,856
10. Diphtheria ... (Lines 1 + 2 + 3 + 4 + 5)	4,053	4,181	422	134	655	327	9,782
11. Whooping Cough ... (Lines 1 + 2 + 3 + 6)	4,049	4,160	410	116	139	20	8,894
12. Tetanus ... (Lines 1 + 2 + 4 + 7)	4,065	4,184	423	137	1,384	2,629	12,822
13. Polio ... (Lines 1 + 8 + 9)	1,820	6,423	1,314	503	1,107	188	11,355

Table 2—Reinforcing Doses—Number of persons under age 16

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
1. Quadruple D.T.P.P. ... (Diphtheria, Tetanus, Pertussis, Polio)	—	67	73	37	36	3	216
2. Triple D.T.P. ... (Diphtheria, Tetanus, Pertussis)	—	1,803	2,870	480	896	247	6,296
3. Diphtheria/Pertussis ...	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	36	89	74	6,406	3,351	9,956
5. Diphtheria ...	—	2	1	1	1,239	2,393	3,636
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	1	—	39	127	167
8. Salk (Polio Vaccine) ...	—	26	33	17	102	28	206
9. Sabin (oral) (Polio Vaccine)	—	64	64	38	7,244	354	7,764
10. Diphtheria ... (Lines 1+2+3+4+5)	—	1,908	3,033	592	8,577	5,994	20,104
11. Whooping Cough ... (Lines 1+2+3+6)	—	1,870	2,943	517	932	250	6,512
12. Tetanus ... (Lines 1+2+4+7)	—	1,906	3,033	591	7,377	3,728	16,635
13. Polio ... (Lines 1+8+9)	—	157	170	92	7,382	385	8,186

Table 3—Smallpox Vaccination

Numbers	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5 - 15 years	Total
Vaccinated ...	83	111	157	215	3,537	863	112	5,078
Re-vaccinated ...	—	—	—	—	—	28	55	83

There were encouraging increases in the number of children protected, viz. :—

Smallpox (Primary courses)	...	...	...	1,489
Diphtheria (Primary courses)	...	...	...	268
(Re-inforcing courses)	...	...	...	4,885
Polio (Primary courses)	...	...	...	1,260
(Re-inforcing courses)	...	...	...	414

(b) *B.C.G. Vaccination—School Children*

The acceptance rate rose from 82.3% to 84.9%, but is still not high enough in view of the valuable protection afforded at the time just before children will be liable to be exposed to the risk of infection with pulmonary tuberculosis.

Numbers of School Children

	County	Cheltenham	Whole County	Grand Total since 1954
Invited	4,386	1,081	5,467	68,838
Tuberculin Tested	3,417	738	4,155	46,010
Positive	666	163	829	8,149
Negative	2,751	575	3,326	37,861
Per cent positive	13.6%	22.1%	19.9%	17.7%
Vaccinated	2,741	575	3,316	37,353
Acceptance Rates	86.7%	77.8%	84.9%	—

(xii) AMBULANCE SERVICE

TABLE A (Cases and mileage during 1965) :—

Patients					Mileage				
(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total	(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total
75,144	65,078	41,309	41,401	222,932	684,909	258,601	305,984	501,008	1,750,494

Two hundred and eighty-three patients were carried by rail during 1965.

TABLE B—Comparative previous totals :—

Year	Patients	Mileage
1950	67,762	1,209,914
1954	137,439	1,114,894
1958	166,415	1,258,390
1962	200,952	1,441,077

These figures include all types of cases carried, among whom are mentally handicapped to training centres (22%), physically handicapped to occupational centres (6%), school children to speech therapy clinics, etc. Accidents and emergencies account for 5% of the total carried.

Transport to and from Hospital out-patient clinics remains the major load (66%).

The voluntary members of the Hospital Car Service are a valued part of the Ambulance Service. Often under difficult conditions the work they do is of the greatest help.

Stations

The new Control Station at Almondsbury replacing the sub-station at Patchway opened early in 1965. A new station will shortly be erected at Northleach and plans are in hand for new Control Station buildings at Moorend Road, Cheltenham.

Personnel

Ninety-four Driver/Attendants and seventeen telephone operators were employed at the end of 1965.

Vehicles

There were in operational use during 1965, 28 Ambulances, 10 Bus type vehicles and 13 sitting case cars.

Civil Defence

In the Ambulance and First Aid section of the Civil Defence Corps at the end of 1965 were 536 volunteers. Eight vehicles were in service.

(xiii) PREVENTION OF ILLNESS AND AFTER-CARE

(a) CHIROPODY

Chiropody is provided in Cheltenham through arrangements with the Old People's Welfare Association. In the rest of the County a direct service is provided, and the four mobile units have continued to be particularly successful. It was possible to recruit another Chiropodist, and at the end of the year, seven whole-time and seven part-time Chiropodists were employed. Unfortunately the length of the waiting lists at the present centres did not allow an increase in the number of centres visited, which remains at 103, apart from 18 Welfare Homes and two Homes for the Blind which also have regular sessions. The shortage of qualified Chiropodists continued to restrict the service which can only be provided at present for the elderly, handicapped people and expectant mothers. A total of 21,675 treatments were given during the year compared with 18,204 in 1964. On 31st December, 6,563 persons were on the clinic registers, of whom 210 were awaiting their first appointment. Treatments were as follows :—

At Clinics and Centres			Welfare Homes	Blind Homes	Domiciliary Treatment
Elderly	Physically Handicapped	Expectant Mothers			
17,235	235	6	2,605	297	1,297

(b) TUBERCULOSIS

At 31st December, 65 persons were receiving free milk at the rate of two pints per day. In 16 cases the supply was reduced to one pint daily. Apart from the extra assistance given to the tuberculous patient by national benefits, substantial and tangible help is given by the ten Voluntary Tuberculous After-Care Committees, who raise their own funds. Some of these Committees, in line with the former National Association, extend their help to sufferers with other forms of chest disease and heart disease.

Summary of formal notifications during the year :—

Age Periods	Formal Notifications														
	Number of Primary Notifications of new cases of tuberculosis														
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Age un- known	Total
Respiratory, Males	—	—	3	5	1	4	8	6	12	10	20	11	7	—	87
Respiratory, Females	—	—	1	4	2	7	1	13	4	7	4	3	—	—	46
Non-Respiratory, Males	—	—	1	—	—	—	—	—	3	—	1	—	—	—	5
Non-Respiratory, Females	—	—	—	—	—	—	1	1	5	2	2	—	—	—	11

Persons removed from Register during the year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification ...	4	—	4
(b) Recovery	194	23	217
(c) Death	35	5	40
(d) Left County or no trace ...	78	10	88

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 2,067 (1,572 pulmonary, 495 non-pulmonary) as compared with 2,184 (1,677 pulmonary, 507 non-pulmonary) at 1st January. Twenty-two of the pulmonary and five of the non-pulmonary patients died of tuberculosis.

Deaths from Tuberculosis

Age Period	1960		1961		1962		1963		1964		1965	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
5 to 14 years	—	1	—	1	—	—	—	—	—	—	—	—
15 to 44 years	5	2	—	1	3	1	2	—	2	1	2	2
45 to 64 years	8	1	8	3	8	1	9	3	5	—	8	1
65 years and over	9	—	13	2	9	—	5	2	5	—	12	2
	22	4	21	7	20	2	16	5	12	1	22	5
Totals	26		28		22		21		13		27	

Mass Radiography Service

The Organising Secretary of the Mass Radiography Service, South Western Regional Hospital Board, has provided the following figures for 1965 in respect of sessions held in Gloucestershire.

	Male	Female	Total
Total X-rayed	21,589	13,360	34,949
Abnormalities detected	345	137	482
No diagnosis yet received	7	9	16
Abnormalities—Active tuberculosis ...	16	9	25
Requiring observation ...	7	4	11
Healed tuberculosis ...	77	23	100
Non-tuberculous cases ...	245	101	346

Tuberculosis Welfare

The arrangements with the Bristol Corporation, whereby Gloucestershire residents who attend the Bristol Chest Clinics in hospitals are supervised by Bristol Welfare Officers continue to work smoothly. Forty-two tuberculous cases were seen by the Social Workers ; thirty-eight of these had been patients in Ham Green Hospital, and were seen routinely each week when the hospital was visited. Forty-one non-tuberculous patients were seen at the Clinic, and these were all for admission to Ham Green, Southmead or Frenchay Hospital. Many of these patients needed help with applications for pneumoconiosis pensions, and such applications often required a considerable amount of time and correspondence. Many of these patients also had housing problems which needed not only letter writing but contacting the different Housing Committees and sometimes the District Medical Officer.

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P.
SENIOR CHEST PHYSICIAN, NORTH GLOUCESTERSHIRE CLINICAL AREA

One hundred and five new cases of tuberculosis in the northern area of the County of Gloucestershire, including Cheltenham Borough, were handled in the Chest Clinic service. They are analysed as follows :—

County

Haematogenous, including Miliary and Meningeal	...	1
Abdominal, Orthopaedic and Cervical Glands	... ..	6
Primary or Post-primary Infection	... ..	18
Minimal Phthisis	... ..	10
Moderate Phthisis	... ..	43
Advanced Phthisis	... ..	7
		—
Total	... ..	85
		—

Cheltenham

Haematogenous, including Miliary and Meningeal	...	Nil
Abdominal, Orthopaedic and Cervical Glands	... ..	Nil
Primary or Post-primary Infection	... ..	5
Minimal Phthisis	... ..	2
Moderate Phthisis	... ..	10
Advanced Phthisis	... ..	3
		—
Total	... ..	20
		—

(Ten County patients and 2 Cheltenham patients were not examined by the Chest Physicians).

Of these 105 cases, 57 were referred from general practitioners.

17 were referred from other hospital departments.

15 were referred from Mass Radiography.

10 were picked up as contacts.

6 were routine X-rays for superannuation, emigration, etc.

Only one of these cases is drug-resistant, and he is an old case re-notified.

There was a significant increase this year in the number of cases in the East Dean Rural District, where 10 more cases of tuberculosis were notified than in 1964. The cases were mostly centred around the village of Drybrook, where four families were involved. One man apparently infected his own son and two neighbours, and further along the road another source case infected his child. Another man some distance away infected his two children.

A survey of tuberculosis in immigrants was conducted for the British Tuberculosis Association during the three months February, March and April, 1965. There were 27 County notifications during this time, but none of these was an immigrant. Twelve patients were notified in Cheltenham during the same period, and 1 of these was an immigrant.

CONTACT EXAMINATIONS ARISING OUT OF 86 NOTIFICATIONS IN THE COUNTY AREA

(A further 9 notifications involved no additional contact action, being themselves contacts. They were therefore not included in establishing the averages given here).

Average number of contacts per case :—Listed 6 ; Seen 5.

Adults

Called 357. Attended 298. Response 83%.

Five adults were notified as a result of these investigations, all following their initial examination. Three were source cases, and two were victims. In addition 3 adult contacts were found to be already under supervision and 4 were referred to other chest clinics for examination.

Children

Of 186 children called, 15 did not attend at all.

One was found to be under the care of the Paediatrician.

One was already under chest clinic supervision.

Fifteen were tuberculin-positive and are being kept under observation.

Seven were notified as tuberculous :

- 1 (aged 15) Moderate Phthisis.
- 1 Pleura.
- 3 Hilar Glands.
- 2 Primary Complex.

The remaining 147 children were healthy, and are analysed as follows :—

Tuberculin positive. Age 0 - 4. To G.P. and H.V. for observation	...	...	1
Tuberculin positive. Age 5 - 11.	...	...	4
Tuberculin positive. Age 12 - 16. Mass Radiography follow-up	...	...	3
Previously tuberculin positive at school. For Mass Radiography follow-up	...	...	6
Previously B.C.G. vaccinated at school. For Mass Radiography follow-up	...	...	10
Tuberculin negative, B.C.G. vaccinated	...	...	109
Tuberculin negative, awaiting B.C.G. vaccination	...	...	6
Tuberculin tested and/or X-rayed and discharged	...	...	8

In addition to the above, 3 children were referred to other chest clinics for examination.

At 31st December, 1965, there were 12 cases of known drug resistance.

- 3 were resistant to all three major drugs.
- 4 „ streptomycin and isoniazid.
- 1 „ P.A.S. and isoniazid.
- 1 „ streptomycin only.
- 3 „ isoniazid only.

Therefore 14 of the patients showed resistance to isoniazid, 8 to streptomycin and 6 to P.A.S.

Cheltenham M.B.

1 case 1 resistant to isoniazid only.

County (excluding Cheltenham Borough)

11 cases	4 resistant to streptomycin and isoniazid.
	3 „ streptomycin, isoniazid and P.A.S.
	2 „ isoniazid only.
	1 „ P.A.S. and isoniazid.
	1 „ streptomycin only.

FIVE CASES WERE REMOVED from the drug resistance register during the year :—

Cheltenham M.B.

1 case, resistant to isoniazid and P.A.S., died.

County

1 case, isoniazid resistant, died.
 1 case, resistant to all three major drugs, died.
 2 cases, resistant to streptomycin and isoniazid, became sputum negative.

THREE CASES WERE ADDED to the Register during the year :—

County

1 case, acquired resistance to all three major drugs.
 2 cases acquired resistance to P.A.S. and isoniazid.

None of the new cases presented with resistant strains of bacilli in their sputum at the time of initial diagnosis, and no contacts have been discovered to be infected by drug-resistant cases during the year. All the cases can be considered to be co-operative.

REPORT OF R. A. CRAIG, ESQ., B.Sc., M.D., M.R.C.P.

CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA

The sex and age distribution of new cases of pulmonary tuberculosis related to their sputum state for South Gloucestershire residents notified by Bristol Chest Clinic is shown in the accompanying Table. The number of notified cases in 1965 shows a decline compared to recent years. As in previous years, the majority of sputum positive cases occurred in males while the number of new infectious female cases has declined to insignificant proportions.

Four new cases of non-respiratory tuberculosis were notified in 1965 and they were all female, 3 with genito-urinary tuberculosis and 1 with cervical adenitis, the ages ranging from 34 to 54 years.

Three cases of pulmonary tuberculosis were returned to the register. Two were male and one was female. The original years of diagnosis were 1952, 1956 and 1957.

There were 7 inward transfers of cases of pulmonary tuberculosis, one of whom had active disease with a positive sputum.

Winterbourne Reception Centre accounted for one new case of pulmonary tuberculosis who was sputum negative and for 2 of the quiescent inward transfers.

New Cases of Pulmonary Tuberculosis in 1965

Age Group in years	Sputum Negative Cases			Sputum Positive Cases			All Cases		
	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes
0 - 4	0	0	0	0	0	0	0	0	0
5 - 14	0	0	0	0	0	0	0	0	0
15 - 24	2	0	2	1	1	2	3	1	4
25 - 34	1	2	3	0	1	1	1	3	4
35 - 44	0	0	0	2	0	2	2	0	2
45 - 54	0	2	2	2	1	3	2	3	5
55 - 64	2	1	3	1	0	1	3	1	4
65 +	0	0	0	2	0	2	2	0	2
All Ages	5	5	10	8	3	11	13	8	21

ANNUAL REGISTER OF PATIENTS EXCRETING RESISTANT TUBERCLE BACILLI
IN BRISTOL CLINICAL AREA (1957 - 1965)
as on 31st December, 1965

Year	New Cases in Year	Primary	Acquired	Dead	Quies- cent	Trans- ferred	Alive and Active	No. on Register 31st Dec. each year
1957	44	10	34	23	12	9	0	44 - 1957
1958	31	3	28	16	12	2	1	36 - 1958
1959	29	4	25	6	21	0	2	32 - 1959
1960	16	1	15	8	5	3	0	35 - 1960
1961	20	2	18	6	10	2	2	45 - 1961
1962	15	3	12	4	9	1	1	30 - 1962
1963	13	2	11	0	7	3	3	27 - 1963
1964	10	2	8	1	4	2	3	21 - 1964
1965	15	5	10	0	0	1	14	26 - 1965

- Notes :
- (1) Of 178 patients found to have Resistant Tubercle Bacilli between 1957 and the end of 1964 only 12 are still alive and excreting Resistant Organisms.
 - (2) Fifteen new cases were discovered in 1965 of whom one has already been transferred so that there were altogether 26 active resistant cases in the Bristol Clinical area on 31st December, 1965.
 - (3) Of these 26 cases, 11 are resistant to *one drug*, 8 are resistant to *two drugs*, and 5 are resistant to *three drugs*. Two patients who were previously excreting resistant organisms are now excreting sensitive ones.
 - (4) Six of the 26 cases are from the Weston-Super-Mare area and 3 new cases were discovered in that area in 1965.
 - (5) Only one "secondary" case has arisen from all these resistant cases in the whole 8 years of observation.

(c) HEALTH EDUCATION

Existing Organisations, such as Women's Institutes, Church Organisations, the British Legion, etc., were circulated with information about talks and films which are available and this received a good response. The 19 Mothers' Clubs already established and flourishing devote at least 50% of their time to subjects connected with health and child care, in this way health education is reaching a most valuable section of the community and we look forward to extending this audience by making it easier for mothers to attend. One of the problems is the care of their children while the mothers come to meetings, either the meetings must be held in the evening when fathers can care for the children, or some type of creche must be provided ; here we are hoping to enlist the already freely given help from Child Welfare Centre committees and hold afternoon meetings. All avenues to reach this section of the community are being explored. The number of girls taking child care as part of the Duke of Edinburgh Award Scheme is increasing and a few secondary schools take this as part of the normal curriculum. The most satisfying aspect of health education at the moment has been the success of Parentcraft Classes in clinics, schools and recently in General Medical Practitioners Surgeries. Expectant fathers are taking more and more interest in this subject and make very interested audiences. These classes continue to increase in number, from 1,205 in 1964 to 1,441 being an increase of 236.

A great deal of time and effort has been spent on providing exhibitions and displays. Sites for permanent displays have been obtained in the Foyer of the Soundwell Swimming Baths, an empty shop window in Regent Street, Kingswood and in Dursley Rural District Office. Displays have included Immunisation, Dental and Foot Health, Nutrition, Food Hygiene, Water and Home Safety and Health in Middle Age. Another successful Health Exhibition was held at Stroud Agricultural Show in conjunction with the Rural and Urban District Council and Stroud Home Safety Committee. Public Services Exhibitions were held at Cirencester and Tewkesbury.

The training course for personnel interested in health education on "Communication in Health Education" was repeated in December at St Anne's Diocesan House, Cheltenham, and again proved successful and worthwhile.

Number of Talks given :—

Parentcraft Classes	...	...	...	...	1,441
Adult Organisations	...	...	...	...	237
Youth Organisations	...	...	...	...	47
Schools	...	...	...	...	195
Schools (Smoking and Health)	...	...	...	...	183

(d) GENERAL

(i) *Home Nursing Requisites*

The British Red Cross Society and the St John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintain 66 depots and the voluntary effort expended in administering these depots is a source of much satisfaction. Articles which are required for long periods or permanently are supplied through the Health Department together with the supply of special beds, bedding, disinfectants and paper handkerchiefs for tuberculous patients.

(ii) *Rest Homes*

Patients, including old people in need of rest and recuperation, numbering 250 in the year, have been sent to voluntary administered homes. This figure excludes mothers with young children sent for Mothercraft training, who have been included in the Maternity and Child Welfare section in this report.

(xiv) HOME HELP

Expansion of the Service during the year was controlled by the increasing recruitment difficulties and although the hours of service were up by 6% the number of additional Home Helps engaged were few. The extra service was supplied by increasing the weekly hours of the part-time workers.

Another resident Home Help resigned after 16 years service and two more left for other employment. Replacement of these resident workers becomes more difficult and only one was recruited during the year. The need for additional Home Helps continues and recruitment in the Urban areas of Cheltenham and Kingswood is disappointing. Reduction in the allocation of hours to individual homes became necessary but every effort was made to prevent undue hardship.

Meetings of Home Helps with talks on various aspects of home care of the elderly were arranged in various parts of the County and 300 Home Helps took a special course on Home Nursing and emergency care arranged by the Divisional Medical Officers of Health in twelve different centres.

The part-time relief organiser working in the north of the County was made full time to assist with routine visiting of long term cases and act as relief during sickness and holiday periods of other Organisers.

The total number of continuous cases was up by 6% and these absorbed a large proportion of the hours available. There was only a small increase in the number of mentally disordered cases but the use of Home Helps for home confinements and for caring for mothers following early discharges from hospital steadily increased.

The extensive use of Home Helps for child care work which expanded in 1964 continued and at the end of the year 29 families had been prevented from break-up following the death or desertion of the mother. Sixty-six families were given short term care during the temporary absence of the mother for reasons of confinement or hospital care. In addition, Home Helps were used to assist with the rehabilitation of ten problem families. In all, 377 children who might have had to be taken into the care of the Children Committee were able to remain in their own homes by the provision of adequate Home Help.

The number of visits made where the provision of a Home Help did not materialise continues to be high but a large percentage of the 1,075 visits made during the year were far from abortive in other ways, as referrals to other services and provision of help from Voluntary Agencies made the investigations well worth while.

Home Helps : 24 Full-time (including 3 resident Staff).
1,229 Part-time and Casual.

Total number of Home Help hours for year : 904,361.

Families Assisted

	Aged 65 and over on 1st visit	Aged under 65 on first visit				
		Chronics and T.B.	Mentally Disord'd	Matern- ity	Others	Total
Cases current 1st Jan.	2,026	245	7	31	167	2,476
New Cases	1,021	113	24	1,005	638	2,801
Resident Cases	2	—	—	36	8	46
Night Sitting Cases ...	5	—	—	—	—	5
Total for Year	3,054	358	31	1,072	813	5,328

Families investigated where no help given = 1,075.

(xv) MENTAL HEALTH

(1) (a) *Administration*

In addition to Cheltenham Borough as a Delegated authority there were five areas each with a Senior Mental Welfare Officer and a number of Mental Welfare Officers. Previously there were four areas. The new arrangement permits of a more manageable case load in each area and an easier rota programme to provide availability of Mental Welfare Officers outside office hours.

(b) *Mental Nursing and Residential Homes*

Three Mental Nursing Homes and one Residential Home are still included on the Council's register and are regularly visited.

(2) STAFF

(a) *Social Workers*

There was difficulty in recruiting additional officers which was partly relieved by welfare assistants being promoted on return after attending the course for and obtaining the Certificate in Social Work. Out of 21 officers, four hold the Certificate, four are attending qualifying courses, four hold the Declaration of Recognition and eight will attend courses in later years.

(b) *Training Centre Staff*

The Committee considered the titles of Training Centre staff and decided that qualified staff should be entitled Head Teachers and Teachers in Junior Training Centres, and Managers and Instructors in Senior or Adult Training Centres. Unqualified staff retain the old title of Assistant Supervisors.

The following table of admissions is based on information kindly supplied by the Secretaries of the Hospitals concerned.

Hospital	Informal	Application and subject to detention	Totals
Horton Road and Coney Hill	587	245	832
Glenside	148	27	175
Barrow Gurney	133	41	174
Littlemore, Oxford	22	5	27
Totals	890	318	1,208

The number of patients admitted in 1964 was 1,091—850 informally, and 241 on a compulsory basis. During the year, 74% of the admissions were arranged on an informal basis, compared with a percentage of 78% in 1964 and 73% in each of the three previous years.

Applications for detention and treatment, under S.26 of the Act, were completed for only 24 of the patients admitted. In the cases with which the Mental Welfare Officers were concerned applications for emergency admission under S.29 of the Act were necessary for 199 (33.4%) patients (including 67 from the Cheltenham Municipal Borough), compared with 135 (30.1%) in 1964 and 145 (35.5%) in 1963.

(b) *Mental Subnormality*

(i) COMMUNITY CARE

Two hundred and forty-six new cases (compared with 216 in 1964 and 193 in 1963) were referred, the majority of these being on an informal basis.

Source of Referral	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
<i>Local Education Authority</i>											
Unsuitable for education at school ...	6	6	—	—	12	4	3	—	—	7	19
For care and guidance after leaving school	18	9	42	21	90	—	—	—	—	—	90
<i>School Medical Officer</i>											
Informal referral for diagnostic atten- dance at Training Centres ...	2	2	—	—	4	—	—	—	—	—	4
As obviously unsuitable for education at school	3	3	—	—	6	8	6	—	—	14	20
Other Local Health Authorities ...	1	2	7	6	16	—	2	4	1	7	23
On discharge from hospital	—	—	5	3	8	1	—	1	3	5	13
Police and Courts	—	—	—	1	1	—	—	—	—	—	1
Others (e.g. By Parents, M.W.O.'s, Children's Officer, etc.)	6	8	21	18	53	6	8	7	2	23	76
Totals	36	30	75	49	190	19	19	12	6	56	246

The register at 31st December, included 1,815 subnormal patients who were normally resident in the County, compared with 1,705 at 31.12.64.

During 1965, the names of 94 persons were removed from the register. They had all succeeded in maintaining employment and acceptable social standards. A further 36 patients left Gloucestershire, and 15 died.

Nature of care, treatment and guidance	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Receiving care and guid- ance in the community	69	42	352	299	762	88	81	152	134	455	1,217
Under Guardianship ...	—	—	—	—	—	—	—	2	2	4	4
In Hospital (including patients on leave) ...	10	7	125	116	258	56	25	135	120	336	594
Totals	79	49	477	415	1,020	144	106	289	256	795	1,815

Of the patients receiving care and guidance in the community, 328 were in regular employment, as follows :—

Agriculture	49	Local Authorities	13
Domestic Work	64	Remploy Factories	8
Factories	115	Retail Trades	16
General Labour	44	Other Work	19

Employment placements of the simple, routine nature which subnormal adults can maintain are increasingly difficult to obtain. As a result of the training given in the Adult Centres, and the support afforded under the care and guidance of the Mental Welfare Officers, the proportion of subnormal patients in employment has been maintained.

<i>At 31st December</i>	<i>Number Employed</i>	<i>Total in Community Care</i>
1960	210 (25.6%)	820
1961	247 (27.2%)	908
1962	256 (27.0%)	946
1963	271 (26.8%)	1,010
1964	314 (27.7%)	1,131
1965	328 (26.1%)	1,217

(ii) GUARDIANSHIP

At 31st December, 1965, only 4 patients (2 male and 2 female) were under Guardianship. Three of these are in the care of the Local Health Authority.

During the year, it was necessary to transfer one patient to hospital. One patient, whose behaviour and employment record has been consistently good, was discharged from Guardianship. A further patient was also discharged, following his sixteenth birthday and receipt of National Allowance. His placement under the Guardianship of a relative previously facilitated the payment of a maintenance allowance to the Guardian.

Supervision was continued in respect of a patient, placed in a Home in Gloucestershire, who is under the guardianship of the Bristol Local Health Authority.

Holidays were arranged for the patients under guardianship.

(iii) ASSESSMENT CLINICS

During 1965, 26 appointments (13 new cases and 13 for follow-up) were arranged for Gloucestershire patients at the Bristol Assessment Clinic. At the Gloucestershire Royal Hospital 132 appointments (37 new cases and 95 for follow-up) were made.

(iv) ADMISSIONS TO HOSPITAL

Hospitals	Informal	Subject to Detention		Total
		On Application	Court Orders	
Stoke Park	14	4	1	19
Hortham	2	1	—	3
Brentry	—	1	—	1
Pewsey	1	—	—	1
Totals	17	6	1	24

The number of patients admitted to hospital for long-term care was 27 (1964) and 45 (1963). The proportion (70.8%) of informal admissions was closely comparable with the percentage (74.0%) of informal admissions of mentally ill patients.

Waiting list of patients requiring long-term hospital care :—

	Male		Female		Total	
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
Urgently requiring admission	1	4	3	1	4	5
Early admission desirable	13	6	12	2	25	8
Included in list to cover possible breakdown of present arrangements (e.g. illness of parents, loss of residential employment)	4	11	6	11	10	22
Transfer from Part III accommodation ...	—	—	—	—	—	—
Totals	18 (3)	21 (3)	21 (2)	14	39 (5)	35 (3)

The numbers in brackets refer to the Oxford Regional Hospital Board area.

Included on the waiting list are 12 subnormal children below the age of 5 years.

During 1965, short-term care was arranged for 64 patients, compared with 55 in 1964, 59 in 1963, 48 in 1962 and 49 in 1961. Six of these patients were afforded temporary care at the " Merrowdown " Hostel.

(v) TRAINING CENTRES

During 1965, the number of subnormal persons, and particularly the adults, on the Training Centre registers again showed a significant increase as shown in the following table :—

1957 —	271 trainees	1962 —	394 trainees
1958 —	275 trainees	1963 —	412 trainees
1959 —	314 trainees	1964 —	438 trainees
1960 —	355 trainees	1965 —	463 trainees
1961 —	365 trainees		

The following table shows the number of trainees on the registers at the end of December, 1965 :—

Training Centre	Total Number on Register at 31.12.65	Average % Daily Attendance	Number of Adults, (i.e. over age 16)	Full-time Staff
Cheltenham Junior	99	84.7%	18	12
Cheltenham Adult	68	79.5%	68	5
Cinderford	69	79.9%	36	7
Cirencester	36	89.0%	23	5
Stonehouse	57	82.9%	39	7
Warmley	52	84.4%	3	7
Downend Adult	82	84.2%	82	8
Totals	463	83.5%	260	51

The economic situation necessitated a deferment in building the Thornbury Centre for juniors and adults. This has resulted in heavy pressure on the existing Centres.

In 1964, 16 adult trainees from Gloucester were transferred from the Cheltenham Centre to the newly provided Gloucester City Adult Centre.

There was a demand for admission of special care cases in the southern area of the County. Adaptations to the Special Care Unit at the Warmley Centre increased the capacity from 10 to 15 places. The additional places are already filled. The provision of additional accommodation at Thornbury will relieve this pressure.

(vi) HOME TEACHER

Domiciliary visits are paid, by the Home Teacher, to six patients.

(vii) VOLUNTARY AGENCIES

The members of the Gloucestershire Association for Mental Health and the Gloucestershire Branches of the National Society for Mentally Handicapped Children have again been most helpful and generous.

(viii) HOSTEL

Aproximately two-thirds of the residents are in regular employment and their earnings permit them to meet the full maintenance charge, to clothe themselves, and to shew appreciable increases in their savings accounts.

Frocester Manor, a residential training establishment run by Home Farm Trust Limited, accepted three County patients for residential training in farming or horticultural work.

There are now waiting lists for admission to Hostel care for male and female subnormal patients. Provision is made in the Development Plan for Hostels in the Southern and Central areas of the County.

(ix) SOCIAL CLUBS

The five clubs have a total membership of 295 patients. One of the Cheltenham Clubs caters particularly for the mentally ill but the remainder are primarily for subnormal patients, although the membership of the Stanley Park Social Club includes an appreciable number of ordinary youth club members and 20 patients from Stoke Park Hospital attend the Club each week. They operate on an entirely voluntary basis but the Training Centre and Mental Welfare Officer staff take an active part in their administration.

The hall at Downend, although adequate for Training Centre needs, is too small for the large number of members attending Social Club functions. The kind offer of the Stanley Park Club Committee to pay for an extension to the Hall has been accepted.

Virtually all the patients suitable for admission to Training Centres, who are willing to attend, have been admitted. The deferment in the building of the Cinderford Adult Training Centre and the Thornbury Junior/Adult Training Centre has resulted in heavy pressure on the facilities at the existing Cinderford, Downend, and Warmley Centres. Additional space is required for the adult groups at Cirencester. This is to be provided in the early part of the next financial year. It is planned to complete the new Cinderford and Thornbury Centres in 1966/67, the Moreton-in-Marsh Centre in 1969/70 and also the second extension to the Cheltenham Adult Centre in that year. Provision is made in 1970/71 for replacement of the Cheltenham and Warmley Junior Training Centres. In the 1971/76 phase of the Development Plan provision is made for extensions to the Downend Adult Training Centre and for Adult Special Care Units to be provided at Cinderford, Downend and Stonehouse.

A close liaison has been developed with the Ministry of Labour and sheltered workshops are planned for Cinderford and Cheltenham. There is every hope that these facilities will provide a further source of employment and training for the more capable patients now attending the Adult Training Centres.

Provision is made in the 1970/71 phase of the Development Plan for Hostels at Downend, Stonehouse and Stroud. There is no conclusive evidence that a Hostel for the mentally ill in Gloucestershire would be in sufficient demand to make it an economic proposition. The Consultant Psychiatrists of the Hospitals for the mentally ill are preparing a detailed survey of the actual demand.

The Gloucestershire Association for Mental Health is actively co-operating with the South Western Regional Hospital Board in its plans for providing hospital accommodation for adolescent psychotic patients.

3. National Assistance Act, 1948

CARE OF HANDICAPPED PERSONS

(a) *Blind*

(i) Age at Onset of Blindness of New Cases :—

	0	1	2	3	4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80- 84	85- 89	90 plus	Total
M	—	—	—	1	—	—	—	1	—	1	3	3	6	6	14	11	9	1	56
F	—	1	—	—	—	—	—	—	1	1	1	3	1	7	27	18	6	4	70
T	—	1	—	1	—	—	—	1	1	2	4	6	7	13	41	29	15	5	126

The total number of blind persons in the County was 1,058 as compared with 1,067 in 1964. There were 126 registrations during the year, exclusive of transfers from other Counties.

(ii) RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Other
(a) No Treatment	28	9	23
(b) Treatment (Medical, Surgical or Optical)	22	12	32
(c) Number of Cases which on follow up action have received treatment	18	10	31

(iii) EDUCATION AND EMPLOYMENT

Age Under 2	At Home	1
Age 2 - 4	At Home 3, Ineducable 1	4
Age 5 - 15	Special School 5, Other Schools 2, Ineducable 9	16
Age 16 - 20	At School 4, Employed 4	8
Undergoing Training for Open Employment	...	2
Unemployed subject to Training	... ..	2
Unemployed but capable without Training	... ..	1
Workshops for the Blind	... ..	8
Homeworkers	... ..	15
Gainfully Employed	... ..	93
Not Available 16 - 59	... ..	58
60 - 64	... ..	26
Not Capable 16 - 59	... ..	59
60 - 64	... ..	19
Over 65	... ..	746
Total		1,058

(iv) *Industrial Rehabilitation*

During the year 9 men attended the Rehabilitation Centre, Torquay ; of these 6 were found employment, 1 became a Home Worker, 1 has been accepted for further training and 1 is still awaiting employment.

(v) *Home Workers' Scheme*

Three men were admitted to the Scheme during the year, one as a piano tuner, one as a Salesman/Motor Body Repair worker and one as a Smallholder. There are now fifteen Home Workers in the County gainfully employed in various capacities such as Shopkeepers, Piano Tuners, Salesmen, Basket Workers and Machine Knitters.

(vi) *Home Teaching and Visiting Service*

A Social Welfare Officer for the Blind was appointed in February to fill the vacancy in the South of the County. Nine thousand five hundred and thirteen visits have been made during the year by the Social Welfare Officers. Two thousand two hundred and twelve lessons have been given in Braille, Moon and handicrafts to blind people in their own homes.

(vii) *Social Centres*

Social Centres throughout the year have been held weekly in Cheltenham and monthly in Almondsbury, Cirencester, Cinderford, Kingswood, Stroud and Wotton-under-Edge, including Christmas parties and Summer Outings. Many blind people have been entertained during the year in the homes of voluntary workers. We are most grateful for all the help and interest given by so many people in all parts of the County.

(viii) *Gloucestershire County Association for the Blind*

The Voluntary Association once again financed Group Holidays for blind people—two weeks at Llandudno for groups of people from the Forest of Dean, Wotton-under-Edge and Dursley and a further week at Paignton for people from the Gloucester Rural District and North Cotswolds.

In addition, a day for blind and partially sighted children was held in the Spring at the Bristol Zoo. A group of young blind adults spent a happy day in London visiting Kew Gardens.

The Chairman and Committee of the Association invited all blind workers in open industry in the County to luncheon and tea at a Gloucester Hotel in November. This proved most successful, over 100 people attending, to hear an address by Mr T. Drake, Principal of the Rehabilitation Centre, Torquay.

The Association helped many blind people in the County during the year with grants, purchase of aids, special apparatus and books, etc., as well as generous gifts to all blind and partially sighted people at Christmastide.

(ix) *Sales*

Due to the untiring efforts of the Sales Organiser many Sales were arranged throughout the year, resulting in an increased number of articles made by blind persons at home and at classes, being sold.

(x) *Deaf/Blind*

The Western Regional Association for the Blind organised a Residential Course for a week in October at Weston-super-Mare for Deaf/Blind people whose only means of communication is by the use of block letters written on the hand or by the Deaf/Blind Manual. Instruction was given in voice production, communication, use of aids, etc., and was very much appreciated by this group of doubly handicapped people.

In addition the quarterly Meetings in the County were again organised for this small group of people who are normally so isolated.

(xi) *Homes*

ELLERSLIE, ALBERT ROAD, CHELTENHAM

This home accommodates 37 blind men and women. Thanks are due to the voluntary visitors who undertake letter writing, shopping, etc., and make life more varied and interesting for the residents, many of whom attend the Social Club held weekly in Cheltenham.

FERNEY HILL, DURSLEY

This home caters for 23 elderly, infirm blind people. There are a number of voluntary visitors and entertainments are arranged for the residents, as they are mostly too frail to go out. All this help is deeply appreciated by the staff and residents. Further improvements in re-decoration and furnishing have been made during the year.

(b) *Partially Sighted*

During the year 33 names were added to the Register, excluding transfers from other areas, making a total of 197—an increase of 18 on the previous year.

(i) REGISTER—AGE GROUPS, 31ST DECEMBER, 1965

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M	—	—	20	12	32	8	18	90
F	—	1	9	5	13	13	66	107
T	—	1	29	17	45	21	84	197

The following shows how the register is compiled :—

Ages								
2 - 4	At Home or Ineducable	...	...	...	...	...	2	
5 - 15	At Special Schools	...	...	...	...	11		
	At Other Schools	...	...	...	...	12		
	Ineducable	...	...	...	...	6		
						—	29	
16 - 20	Undergoing Training	...	...	...	...	2		
	Employed	...	...	...	...	5		
						—	7	
Over 21	Training	...	...	...	...	...	2	
	Unemployed	...	...	...	...	...	4	
	Employed	...	...	...	...	...	41	
	Not Available	...	...	...	...	...	112	
						—		
	Total	...	...	...	...	...	197	
						—		

(ii) NEWLY REGISTERED (excluding Transfers from other areas)

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M	—	—	2	1	3	—	5	11
F	—	—	1	—	3	4	14	22
T	—	—	3	1	6	4	19	33

(iii) RECOMMENDATIONS OF OPHTHALMIC SURGEONS—CAUSES OF PARTIAL BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Other
(a) No Treatment	7	1	9
(b) Treatment (Medical, Surgical or Optical)	3	2	11
(c) Number of Cases which on follow up action have received treatment	3	1	4

(c) Deaf

A total of 1,022 visits were made during the year as follows :—

Under 2 years	...	...	...	...	...	18
2 - 16 years	...	...	...	...	...	348
16 - 65 years	...	...	...	...	...	364
Over 65 years	...	...	...	...	...	292

Five risk babies were screened throughout the year, four were from families where familial deafness was present, and therefore already known to the Welfare Officer. Eleven other pre-school children were referred for testing on account of poor or non-existent speech ; five of these were referred on to the Hearing Assessment Clinic.

Sixteen children were fitted with aids during the year ; pre-school children wearing aids now number 24. Only one of these was referred before the age of 2 years, although many have had histories indicating a chance of deafness, but there still appears to be difficulty in early referral of babies whose hearing is at risk, the Welfare Officer generally only seeing the ones with whose families she is already in contact.

The Welfare Officer has been unable to develop any more services due to saturation point having been reached in the amount of work to be handled, and a bigger increase than estimated in the number of pre-school children found to have a hearing loss has meant a reorganisation of visiting with resulting decrease in services to the elderly housebound. It has also been difficult to maintain auditory training where it involved domiciliary treatment.

Adult Rehabilitation Class

The evening Rehabilitation Class has continued to be held weekly at the Gloucestershire Royal Hospital. Five new cases were referred but unfortunately difficulty in public transport deterred 3 of these from attending. It is hoped to extend this class to Cheltenham, perhaps on alternate weeks, in the New Year to make it easier for people from rural areas to attend.

It has been a great disappointment that the experimental aids issued by the G.P.O. for trial at the Class were apparently never intended to be serviced. Consequently when one went wrong, the user had to revert to the Medresco aid, which has detracted considerably from any value gained by the Welfare Officer's observations on their use.

Cheltenham Deaf and Hard of Hearing Club

This continued to meet fortnightly, and has held outings throughout the year to other Clubs, Ten-pin Bowling, Bristol Zoo and other places of historic interest, etc. A Christmas Party was much enjoyed by upwards of 60 members and friends.

Stroud Club

This has dwindled in membership since it was changed to afternoons, but continued to meet once a month. This is an example of the difficulty in providing recreational services for the deaf and hard of hearing, most of whom are aged between 16 - 65 and are in open employment.

The Welfare Officer accompanied Otologists on domiciliary visits to the housebound patients, all of whom had been tested previously with a hearing aid.

Enquiries and referrals have been received from General Practitioners, Hospital Consultants, National Assistance Board, and Ministry of Labour Officers, and liaison has been maintained with the Welfare and Children's Departments, Probation Services and other Services of this Department throughout the year.

The Bristol Institute for the Deaf and the Gloucester Diocesan Association for the Deaf, through their respective Superintendents have, during the year, continued to give a wide variety of social and cultural assistance. Their officers have provided interpretation, especially important both in employment and in relation to births, deaths, marriages, etc., situations where effective communication is so necessary.

The premises of both Institutions in King's Square, Bristol, and St Mary's Square, Gloucester, serve their respective areas of the County, giving regular programmes of assistance as well as individual help at any time to the deaf, their families and friends.

The numbers on the register of handicapped persons on the 31st December, 1965, were as follows :—

	Children under age 16	Persons aged 16 - 64	Persons aged 65 and over	Total
(i) Deaf with Speech—Male	15	74	11	100
Female	15	60	25	100
	— 30	— 134	— 36	— 200
(ii) Deaf without Speech—Male	6	44	10	60
Female	7	26	13	46
	— 13	— 70	— 23	— 106
(iii) Hard of Hearing—Male	120	130	215	465
Female	72	196	490	758
	— 192	— 326	— 705	— 1223
Total	235	530	764	1529

(d) Handicapped (other than Blind, Partially Sighted and Deaf)

The number of cases on the register at the end of 1965 was 2,651. During the year 301 new cases were referred as requiring assistance.

	Male	Female	Total
Under 16 years	184	133	317
16 - 65 years	819	852	1,671
65 plus	207	456	663
	1,210	1,441	2,651
Tuberculous			90
			2,741

Only 12 new cases of children under 16 were registered while 51 new cases between the ages of 16 - 64 and 27 cases over 65 years were added to the register. Analysis of the register showed that the main causes of disability were as follows :—

Rheumatoid Arthritis and Osteo-Arthritis	...	611
Hemiplegia	... ..	347
Poliomyelitis	... ..	188
Cerebral Palsy	... ..	170
Injuries due to accident	... ..	156
Disseminated Sclerosis	... ..	153
Amputations	... ..	142
Surgical T.B.	... ..	95
Congenital Deformities	... ..	92
Heart Diseases	... ..	90
Bronchiectasis and Asthma	... ..	82
Parkinsons	... ..	56
Muscular Diseases	... ..	44
Epilepsy	... ..	41
Osteomyelitis	... ..	22
Other Diseases	... ..	362
		<hr/>
		2,651
Pulmonary Tuberculosis	... ..	90
		<hr/>
		2,741

Once again there was a marked increase in the number of cases of Rheumatoid Arthritis and Osteo-Arthritis, 59 having been added to the register. Disseminated sclerosis, hemiplegia and accidents also showed a definite increase.

Pulmonary T.B. Cases

Of 90 cases on the register, six new cases had been added in 1965, but only 14 required regular occupational therapy.

Occupational Therapy

Each Occupational Therapist of the six Occupational Therapists (one of whom is part-time) is responsible for an Occupational Therapy Centre and for domiciliary visits in her area. The number of domiciliary visits made by the Occupational Therapists during the year was 4,953 and 415 disabled people received occupational therapy, including instruction in craftwork and help with aids to daily living.

The Centre at Leaholme, The Avenue, Cirencester, had been operating for a year and proved a great asset, being used regularly both as a Social Club and as an Occupational Therapy Centre. Numbers increased rapidly and it will be necessary to increase the number of sessions. Meetings of the Area Committee are also held in the Centre.

The Forest of Dean Centre, Station Road, Cinderford, meets for 2 full days each week and is kept busy with orders for the re-seating of chairs in rush or cane, and for the various handmade articles produced at the Centre. Work was to start early in 1966 on the erection of the new purpose-built Centre which will fill a real need in the Forest of Dean.

The Little Stoke Centre meets one day per week in the local Youth Club and the Cheltenham Centre for half-day per week at the Whaddon Boys' Club. Both these centres benefit from help willingly given by members and staff of the Youth Clubs.

The Stroud Occupational Therapy Centre meets in a Church Hall and the Soundwell Centre at the local Health Clinic for half-day each week.

Social Clubs

Well established social clubs, run by members of the British Red Cross Society, are now meeting regularly in Dursley, Cheltenham, Cirencester, Stow-on-the-Wold, Stroud and Gloucester, and plans are being made to open a new club in Coalpit Heath. St Francis' Day Centre for elderly disabled people meets fortnightly at Innsworth. These clubs are becoming increasingly popular and in spite of transport difficulties, numbers contrive to increase.

Disabled Motorists

As parking becomes more difficult there is a greater demand for the special yellow discs issued to disabled motorists. During the year 26 new badges were issued to disabled motorists and 48 renewed. A total of 204 disabled motorists had applied for badges since the inception of the scheme.

Holidays

Arrangements were made for many severely disabled people to go on holiday to Burnham-on-Sea, Weston and Newton St Cyres, while members of the social clubs thoroughly enjoyed a week at Westward Ho Holiday Camp, North Devon.

Voluntary Help

The Area Committees established in Cheltenham and North Cotswolds, Cirencester, Stroud, Dursley, Forest of Dean, Gloucester Rural, South Gloucestershire, Thornbury and Patchway, met regularly and continued to give invaluable help to the disabled people they visited. The voluntary funds they raise provide parties, coach outings and many extra comforts which are greatly appreciated by the disabled people.

Voluntary helpers continued to support and give valuable assistance at the various sales and shows where goods made by the disabled were marketed.

Handicapped Children

The fourteenth Annual Party for Handicapped Children between 5 and 13 years of age was held at Cowley Manor.

(e) Sale of Goods

The Sales Organiser together with other members of staff, arranged over 100 sales and talks during the year. Two Ideal Homes Exhibitions were attended, one at Gloucester Park and one at the Bingham Hall, Cirencester. For the first time a visit was made to the Badminton Three Day Event where over £100 was taken. Once more a Sale was held at Christmas time in the Vestibule of the Shire Hall, the total taken, amounting to over £100. We are indebted to many local firms and organisations throughout the County who are invaluable to us in the disposal of items from stock.

As a result of increased outlets sales amounted to £5,250 compared with £3,740 in 1964.

(f) Welfare Assistants

The scheme for In-service Training continued with the Welfare Department and the Cheltenham Borough Council. Two assistants commenced full-time courses in Colleges of Further Education in September, and one who successfully completed his two years' full-time training in July, was appointed as a Social Welfare Officer at Cheltenham. At the end of the year six assistants were engaged in the Department on In-service Training and four were in attendance at full-time courses.

SECTION C

DISEASES

1. Infectious Diseases

Notifications of infectious diseases during the year are set out in Table II at the end of this report.

(a) *Diphtheria*

1965 was the twelfth year in succession without a case of Diphtheria.

(b) *Scarlet Fever*

The number of notifications was 341 as compared with 235 in 1964.

(c) *Measles*

There were 7,566 cases notified as compared with 3,523 in 1964, showing the usual biennial increase.

(d) *Whooping Cough*

The number of cases notified was 95 as compared with 324 in 1964.

(e) *Pneumonia*

There were 51 cases of pneumonia as compared with 43 in 1964. Of these 16 occurred in urban districts and 35 in rural districts. 327 deaths were recorded as compared with 305.

(f) *Influenza*

Although there was no Influenza epidemic in 1965, 5 deaths were recorded as due to or associated with this disease.

(g) *Gastro-Intestinal Diseases*

One hundred and six cases of dysentery were reported as compared with 194 in 1964, 10 in urban districts and 96 in rural districts.

(h) *Diseases of the Central Nervous System*

There were no reported cases of anterior poliomyelitis.

(i) *Puerperal Pyrexia*

There was a decrease in the notifications to 48 (60 in 1964).

2. Venereal Disease

REPORT BY A. E. TINKLER, ESQ., M.A., M.D., D.P.H.

Consultant Venereologist, South Western Regional Hospital Board

There was a further significant increase in the number of new patients, resident in the County, who were referred to the Venereal Disease Clinics at Gloucester Royal Hospital, Cheltenham General Hospital and Bristol Clinics during 1965.

TABLE I

New Cases : All Conditions—Gloucestershire County Residents

<i>Year</i>	<i>New Cases</i>		
1959	318
1961	443
1963	409
1965	555

Syphilis

The incidence of early syphilis continues to rise in England and Wales but the total number of such cases seen amongst Gloucestershire County residents remains very small. Four cases of late syphilis in County residents were seen at the Gloucester Clinic in 1965 and two cases of early syphilis and two of late syphilis were seen at the Cheltenham Clinic. There were no cases of congenital syphilis in any age group.

Gonorrhoea

The number of County residents treated at the above clinics in 1965 for gonorrhoea was higher than at any time since the war and showed a very marked increase over the previous year.

TABLE 2

Incidence of Gonorrhoea				
England and Wales and Gloucestershire Patients—1955 - 1965				
Year		England and Wales		Gloucestershire
1955	... ..	17,681		45
1957	... ..	24,352		50
1959	... ..	31,320		66
1961	... ..	37,026		93
1963	... ..	35,522		83
1965	... ..	36,615		140

1965 was a disappointing year from the point of view of control of venereal infections. In the previous two years the overall increase in incidence had been very slight but 1965 shows a very marked increase in almost all types of cases. The one notable exception being congenital syphilis.

3. Malignant Diseases

I am obliged to Mr L. Leyland, M.B.E., the Records Officer of the South Western Regional Cancer Records Bureau, for the following statistics which are of particular interest. They relate to the part of the County in the South Western Regional Hospital Board's area.

(i) REGISTRATIONS IN 1965

I.S.C.	Malignant Neoplasms						Male	Female	Total
140	Lip	... ..	...	...	...	...	5	1	6
141	Tongue	... ..	...	...	...	...	6	2	8
142	Salivary Glands	... ..	...	...	...	...	1	3	4
143	Floor of Mouth	... ..	...	...	...	...	—	—	—
144	Other parts of mouth	... ..	...	...	...	...	3	1	4
145	Oral Mesopharynx and Tonsil	... ..	...	...	...	...	1	1	2
146	Nasopharynx	... ..	...	...	...	...	—	—	—
147	Hypopharynx	... ..	...	...	...	...	1	—	1
148	Pharynx	... ..	...	...	...	...	—	1	1
150	Oesophagus	... ..	...	...	...	...	19	7	26
151	Stomach	... ..	...	...	...	...	61	36	97
152	Small Intestine	... ..	...	...	...	...	1	—	1
153	Colon	... ..	...	...	...	...	43	51	94
154	Rectum	... ..	...	...	...	...	19	37	56
155	Biliary Passages and Liver	... ..	...	...	...	...	9	13	22
157	Pancreas	... ..	...	...	...	...	23	20	43

<i>I.S.C.</i>	<i>Malignant Neoplasms</i>						<i>Male</i>	<i>Female</i>	<i>Total</i>
158	Peritoneum	...	...	...	...	...	2	2	4
160	Nose and Nasal Cavities	...	...	...	...	...	3	1	4
161	Larynx	...	...	...	...	...	7	2	9
162	Bronchus	...	...	...	...	...	196	30	226
164	Mediastinum	...	...	...	...	...	—	—	—
170	Breast	...	...	...	...	...	2	174	176
171	Cervix	...	...	...	...	...	—	43	43
172	Body of Uterus	...	...	...	...	...	—	45	45
173	Chorionepithelioma	...	...	...	...	...	—	—	—
174	Uterus	...	...	...	...	...	—	—	—
175	Ovary	...	...	...	...	...	—	36	36
176	Unspecified Female Genital Organs	...	...	...	...	...	—	8	8
177	Prostate	...	...	...	...	...	55	—	55
178	Testis	...	...	...	...	...	10	—	10
179	Unspecified Male Genital Organs	...	...	...	...	...	4	—	4
180	Kidney	...	...	...	...	...	4	5	9
181	Bladder	...	...	...	...	...	31	12	43
190	Melanoma	...	...	...	...	...	3	8	11
191	Skins (excluding Rodent Ulcers)	...	...	...	...	...	9	9	18
193	Brain	...	...	...	...	...	11	20	31
194	Thyroid	...	...	...	...	...	2	3	5
195	Endocrine Glands	...	...	...	...	...	1	1	2
196	Bones	...	...	...	...	...	2	3	5
197	Fibrosarcoma	...	...	...	...	...	3	2	5
198	Secondary Nodes	...	...	...	...	...	3	3	6
199	Carcinomatosis and Others	...	...	...	...	...	5	6	11
200	Lymphosarcoma	...	...	...	...	...	6	7	13
201	Hodgkins	...	...	...	...	...	9	5	14
202	Reticulosis	...	...	...	...	...	4	4	8
203	Multiple Myeloma	...	...	...	...	...	6	7	13
204	Leukaemia	...	...	...	...	...	9	10	19
205	Mycosis Fungoides	...	...	...	...	...	—	1	1
	Rodent Ulcers	...	...	...	...	...	57	40	97
							—	—	—
							636	660	1,296
							—	—	—
							Totals	...	...

(ii) SURVIVAL TABLE

As at 31st December, 1965, of Persons Registered in 1960.

<i>I.S.C.</i>	<i>Malignant Neoplasms</i>						<i>Male</i>		<i>Female</i>		<i>Total</i>	
							<i>R.</i>	<i>A.</i>	<i>R.</i>	<i>A.</i>	<i>R.</i>	<i>A.</i>
140	Lip	...	...	...	...	...	4	2	—	—	4	2
141	Tongue	...	...	...	...	...	6	1	3	—	9	1
142	Salivary Glands	...	...	...	...	...	—	—	4	3	4	3
144	Other Parts of Mouth	...	...	...	...	...	2	—	1	1	3	1
145	Oral Mesopharynx and Tonsil	...	...	...	...	...	—	—	1	1	1	1
146	Nasopharynx	...	...	...	...	...	1	—	—	—	1	—

I.S.C.	Malignant Neoplasms						Male		Female		Total	
							R.	A.	R.	A.	R.	A.
147	Hypopharynx	...	...	...	...	...	2	—	4	—	6	—
148	Pharynx	...	...	...	...	...	2	—	—	—	2	—
150	Oesophagus	...	...	...	...	...	6	—	5	—	11	—
151	Stomach	...	...	...	...	...	61	—	38	1	99	1
152	Small Intestine	...	...	...	...	...	—	—	1	—	1	—
153	Colon	...	...	...	...	...	27	2	42	11	69	13
154	Rectum	...	...	...	...	...	35	1	19	2	54	3
155	Biliary Passages and Liver	...	...	...	...	...	5	—	7	—	12	—
157	Pancreas	...	...	...	...	...	19	—	19	—	38	—
158	Peritoneum	...	...	...	...	...	3	—	1	—	4	—
159	Unspecified Digestive Organs	...	...	...	...	...	1	—	—	—	1	—
160	Nose and Nasal Cavities	...	...	...	...	...	2	—	2	—	4	—
161	Larynx	...	...	...	...	...	9	5	2	1	11	6
162	Bronchus	...	...	...	...	...	136	5	18	1	154	6
164	Mediastinum	...	...	...	...	...	2	—	—	—	2	—
170	Breast	...	...	...	...	...	—	—	129	53	129	53
171	Cervix	...	...	...	...	...	—	—	27	10	27	10
172	Body of Uterus	...	...	...	...	...	—	—	28	16	28	16
174	Uterus Unspecified	...	...	...	...	...	—	—	3	2	3	2
175	Ovary	...	...	...	...	...	—	—	24	2	24	2
176	Unspecified Female Genital Organs	...	...	...	...	...	—	—	8	4	8	4
177	Prostate	...	...	...	...	...	42	3	—	—	42	3
178	Testis	...	...	...	...	...	4	2	—	—	4	2
179	Unspecified Male Genital Organs	...	...	...	...	...	3	2	—	—	3	2
180	Kidney	...	...	...	...	...	7	1	7	2	14	3
181	Bladder	...	...	...	...	...	35	12	14	4	49	16
190	Melanoma	...	...	...	...	...	—	—	8	5	8	5
191	Skins (excluding Rodent Ulcers)	...	...	...	...	...	6	1	9	5	15	6
192	Eye	...	...	...	...	...	1	—	—	—	1	—
193	Brain	...	...	...	...	...	4	—	10	—	14	—
194	Thyroid	...	...	...	...	...	2	1	2	—	4	1
195	Endocrine Glands	...	...	...	...	...	1	—	2	1	3	1
196	Bones	...	...	...	...	...	3	—	1	—	4	—
197	Fibrosarcoma	...	...	...	...	...	—	—	1	—	1	—
198	Secondary Nodes	...	...	...	...	...	2	—	1	—	3	—
199	Carcinomatosis and Others	...	...	...	...	...	8	1	7	—	15	1
200	Lymphosarcoma	...	...	...	...	...	5	—	7	—	12	—
201	Hodgkins	...	...	...	...	...	6	2	2	1	8	3
202	Reticulosis	...	...	...	...	...	2	1	—	—	2	1
203	Multiple Myeloma	...	...	...	...	...	5	—	3	—	8	—
204	Leukaemia	...	...	...	...	...	10	—	6	—	16	—
205	Mycosis Fungoides	...	...	...	...	...	—	—	—	—	—	—
	Rodent Ulcers	...	...	...	...	...	41	41	34	34	75	75
Totals							510	83	500	160	1,010	243

Note : “ R ” indicates persons REGISTERED.
“ A ” indicates ALIVE.

SECTION D

SANITARY CIRCUMSTANCES OF THE COUNTY

(i) WATER

Extensions of piped supplies continued, and bacteriological and chemical examinations were regularly carried out in all areas. The following items of particular interest have been extracted from the reports of the Borough and District Medical Officers.

Stroud Urban District

About 99.5% of the inhabited houses are served by mains supply.

Cheltenham Rural District

During the summer months complaints were made in various localities of discolouration of the public water supply. Analyses showed that the water was not injurious to health. The Water Board undertook the flushing of the mains and other remedial work.

Cirencester Rural District

The Cotswold Water Board extended the main supply in Ewen to serve the village of Kemble. A new reservoir of 100,000 gallons capacity was completed at Blacklaines, Brimpsfield.

Dursley Rural District

Of samples taken from private supplies only six out of eighteen were satisfactory on bacteriological examination. Of the ten submitted for chemical analysis, four were unsatisfactory. One well supply had a nitrate content of 15.1 p.p.m. A warning was issued lest the water should be used for the making up of feeds for babies.

Sodbury Rural District

Two small mains extensions were made at Pucklechurch and Yate.

Stroud Rural District

Complaints of discolouration were received in the Stonehouse area, but although the North Gloucestershire Water Board investigated no solution was found.

Tetbury Rural District

The water supply was satisfactory in quantity and quality in all parishes except Kingscote and Ozleworth. Work is still proceeding on improvements to private supplies in Ozleworth. Of four samples taken from private supplies, one was unsatisfactory.

Thornbury Rural District

Supplies have been augmented by the laying of new mains to serve all new developments and by extensions to serve existing properties at Avening Green (Tortworth Parish), Huntingford (Charfield Parish) and Greenditch Street (Olveston Parish).

(ii) SEWERAGE

Cheltenham Borough

The arrangements are generally satisfactory, but in the case of sewage disposal a firm of consultants have been appointed to look into the standard of effluents.

Kingswood Urban District

The laying of the trunk sewer for Kingswood and Warmley Joint Sewerage Committee to divert all sewage to Bristol City was commenced.

Nailsworth Urban District

Approximately 800 yards of new 12 in. concrete sewer was laid in Old Market due to the construction of a new road. This will be large enough to accommodate the sewage from the village of Horsley in Stroud Rural District.

Tewkesbury Borough

The new pumping station at Cotteswold Road to replace the old ejector was completed.

Cheltenham Rural District

The provision of sewers and treatment works were completed at Coberley and Toddington. The enlargement of the sewage disposal works at Brockhampton was largely completed.

Dursley Rural District

The sewerage of Slimbridge, Cambridge, North Nibley, Nympsfield and the remaining part of Stinchcombe, was completed. The new disposal works were completed at North Nibley to treat sewage from North Nibley and part of Stinchcombe. Eight hundred and eleven new connections were made to the sewers recently laid, exclusive of new dwellings. Fifteen applications were received for contributions towards the cost of the conversion of earth closets to water closets.

Newent Rural District

The new Cleeve Lane Sewage Disposal Works to serve Newent were opened.

North Cotswold Rural District

The Lower Slaughter scheme was commenced in conjunction with the scheme for relaying the defective and inadequate sewers at Bourton-on-the-Water.

Sodbury Rural District

The Frampton Cotterell link sewer, designed to eliminate sewage disposal at Nibley, Yate, and to dispense with several pumping stations in the area, was completed in July. The Westerleigh Sewerage Scheme, designed to give drainage facilities to 70 properties, was nearing completion. Two small schemes at Kendleshire and Swan Lane, Winterbourne, were commenced.

Stroud Rural District

About 80% of the Brimscombe, Burleigh and Swellshill scheme had been completed by the end of the year.

Mobile sanitation was arranged for Minchinhampton Common, perhaps an important step in tackling this problem which arises at beauty spots as well as at laybys on trunk roads.

Thornbury Rural District

The major portion of the Almondsbury sewerage scheme was completed, as were the extensions to sewers and sewerage works to serve the increased population at Thornbury and the Parish of Olveston.

Warmley Rural District

The new trunk sewer was commenced within the Bristol area.

Frome Valley

This scheme, a joint undertaking by the Sodbury and Thornbury Rural Districts, was completed in May, and connected the sewerage system of the Frome Valley to that of the Bristol Corporation.

(iii) FLOODING

As a result of a phenomenal rainfall concentrated in about four days of December, floods severely affected Nailsworth and the whole of the Stroud Valley. To a lesser extent hardship was caused by flooding in Dursley and Wotton-under-Edge as well as the low lying lands of the Severn Valley.

(iv) HOUSING

The table below gives details of slum clearance and new houses and flats completed during the year.

				Slum Clearance				New Houses & Flats Completed	
				Houses				Council	Private Dev.
				Dem.	Closed	Part Closed	Made Fit		
Charlton Kings U.d.	...	...	...	3	5	1	9	18 (12)	185
Cheltenham B.	...	...	...	22	21	7	23	147 (38)	359
Cirencester U.	...	...	...	49	—	—	16	56 (20)	68
Kingswood U.	...	...	...	11	5	—	1	35	139
Mangotsfield U.	...	...	...	3	1	—	6	—	72
Nailsworth U.	...	...	...	1	5	—	13	—	21
Stroud U.	...	...	...	16	3	1	13	18 (18)	135
Tewkesbury B.	...	...	...	22	2	—	6	89 (2)	119
Cheltenham R.	...	...	...	—	6	—	68	38 (6)	413
Cirencester R.	...	...	...	11	3	—	20	25 (17)	96
Dursley R.	...	...	...	18	20	3	9	27 (6)	204
East Dean R.	...	...	...	5	9	—	4	26 (2)	73
Gloucester R.	...	...	...	18	12	—	65	76 (27)	646
Lydney R.	...	...	...	8	3	—	1	66 (6)	129
Newent R.	...	...	...	1	6	—	1	20 (8)	43
North Cotswold R.	...	...	...	3	11	—	18	24 (23)	121
Northleach R.	...	...	...	1	1	—	39	—	16
Sodbury R.	...	...	...	19	10	—	42	177 (44)	586
Stroud R.	...	...	...	16	33	—	36	51	162
Tetbury R.	...	...	...	—	—	—	—	—	30
Thornbury R.	...	...	...	198	215	—	579	667 (6)	337
Warmley R.	...	...	...	13	4	—	11	48 (27)	88
West Dean R.	...	...	...	37	8	—	4	54 (22)	88
Total	...	...	...	475	383	12	984	1662 (284)	4,130

The numbers of dwellings built for old people are shown in brackets.

SECTION E

INSPECTION AND SUPERVISION OF FOODS

1. Milk Supply

The only change in the legislation controlling milk has been the introduction of a new special designation, " Ultra Heat Treated " for milk which has been subjected to a temperature of not less than 270°F. for not less than one second. The milk, after treatment is required to be put into sterile containers and is intended to provide a milk which will keep for long periods, without refrigeration, and yet retain the normal flavour of pasteurised milk. No application has yet been received for the sale of Ultra Heat Treated milk in Gloucestershire.

The number of milk pasteurising plants licenced at the end of the year was fifteen, one small plant having closed. One plant was converted to the H.T.S.T. method during the year and a further two plants were being extensively modernised at the year end. The fifteen plants produce some 29,700 gallons per day as follows :—

8 H.T.S.T. Plants	...	...	25,050 gallons/day
7 Holder Plants	...	...	4,650 gallons/day

The following table shows the number of licenced milk dealers at the end of the year (the figure for 1964 is shown in brackets) :—

(a) Producer/Retailers (licenced by the Ministry of Agriculture, Fisheries and Food)	...	...	...	...	...	...	...	108	(129)
(b) Producer/Retailers (included in (a) above) holding also a licence from the County Council to bottle Untreated milk from other producers	...	...	...	...	...	...	...	15	(13)
(c) Pasteurising plants (including six licenced to deal in Untreated milk)								15	(16)
(d) Dairies other than (a) and (c) above (dealing in Untreated milk)	...							9	(13)
(e) Dealers in pre-packed milk :—									
(i) Retailers	...	...	...	...	...	...	...	194	
(ii) Shops	...	...	...	...	...	...	...	168	
(iii) Vending machines	...	...	...	...	...	...	...	5	
								—	
								382	(344)

Routine Sampling

The appointment of two Milk Sampling Officers enabled a more comprehensive sampling programme to be carried out and has left the Public Health Officers free to carry out full investigations of all unsatisfactory samples. The following table summarises the reports received from the Public Health Laboratory on samples taken during the year :—

SUMMARY OF MILK SAMPLES

Origin of Samples	Designation	Total Samples Taken	Phosphatase Test			Methylene Test			Turbidity Test	
			Pass	Fail	Void	Pass	Fail	Void	Pass	Fail
Dealers (Including Processors)	Pasteurised	2,303	2,283	11	9*	2,172	63	68	—	—
	Sterilised	48	—	—	—	—	—	—	48	Nil
	Untreated	1,442	—	—	—	1,348	69	25	—	—
Schools and School Canteens	Pasteurised	577	576	1	Nil	535	27	15	—	—
	Untreated	7	—	—	—	5	2	Nil	—	—
G.C.C. Properties	Pasteurised	55	55	Nil	Nil	52	2	1	—	—
	Untreated	1	—	—	—	1	Nil	Nil	—	—
Hospitals	Pasteurised	45	45	Nil	Nil	43	1	1	—	—
Total		4,478	2,959	12	9*	4,156	164	110	48	Nil

(*9 Void results on Phosphatase test due to failure at laboratory).

The Bacteriologist's reports showed that 0.4% of the samples of Pasteurised milk had not been adequately pasteurised, a considerable improvement on 1964 (1.7%). 3.2% of samples of Pasteurised milk and 5% of samples of Untreated milk failed the Methylene Blue test for cleanliness and keeping quality of the milk. These results were less satisfactory than in 1964 (2.3% and 3.5%). Investigations showed the principal causes of failure of pasteurised milks to be inadequate cooling after pasteurising, and unsatisfactory storage after bottling. Improved refrigeration facilities have been or shortly will be provided at six of the fifteen processing plants in the County.

Forty-four samples of cream were submitted informally to the Methylene Blue test and 9 were found unsatisfactory. Advice was given to the suppliers where appropriate.

Arrangements are in hand for samples of Untreated milk from all Producer/Retailers to be examined for the presence of antibiotic residues but so far the Public Health Laboratory has been unable to undertake this work. Twenty-seven samples were sent to a laboratory outside the County and all found satisfactory.

Brucella abortus

Towards the end of 1964 greater emphasis was given to the examination of Untreated milk for the presence of *Brucella abortus* and of 162 samples examined 48 gave a positive reaction to the milk ring test. It was therefore decided for 1965 that every herd producing milk for sale as Untreated milk should be sampled if possible once monthly. Where this sample was positive to the milk ring test, the milk was further examined by culture and animal inoculation for the *Brucella* organism, and at the same time, individual samples from every cow (or group of cows) in the herd were submitted for examination. Within

a week or so of the original milk ring test failure and long before confirmation had been received by biological examination, every suspect cow in milk was traced and informal arrangements made for the milk from these cows to be separated and sent for heat treatment. When *Brucella* infection was positively confirmed by culture, or animal inoculation, the farmer was informed under Section 31 of the Food and Drugs Act, 1955, by recorded delivery letter, that it would be an offence to sell the milk from the affected cow for human consumption. Follow up samples were taken from cows positive to the milk ring test, but negative to subsequent examination and in some cases cows were confirmed infected after two or three previous negative biological examinations. District Medical Officers of Health were kept informed of all samples taken but due to the willingness of the farmers to co-operate in almost every case, it was only necessary for two notices to be served under Regulation 20 of the Milk and Dairies (General) Regulations, 1959. One of these two farms continued to sell milk from cows known to be infected and legal proceedings were contemplated, but before the information was laid the farmer gave up milk production.

Details of samples are set out below :—

SAMPLING FOR BRUCELLA ABORTUS

Number of herds from which samples were taken	156
Number of herds subsequently fully investigated	51 (33%)
Herds in which one or more infected cow was found	18 (11.5%)

Routine samples :—

	1964	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total (1965)
Samples taken	162	112	119	133	126	107	131	113	123	138	103	145	100	1,450
Number positive to Milk Ring Test	48	10	6	9	20	9	13	5	5	3	2	2	1	85
Number positive by culture or inoculation		Nil	Nil	5	3	1	1	1	Nil	Nil	Nil	1	1	13

Follow up samples :—

	Total	M.R.T. Positive	Confirmed Positive
Individual cow samples	1,230	179	49
Group samples	76	15	Nil
Bulk samples	55	22	2
Total	1,361	216	51

Eight samples of raw cream were examined by the Milk Ring Test but all found negative.

Most of the cows found infected, and many of those which were positive to the Milk Ring Test have been sold, but there is no control over their ultimate destination, although as far as is known none have appeared in other herds in Gloucestershire where the milk is sold Untreated.

The table of routine samples shows that a control programme of this nature took from 6 to 8 months to have an appreciable effect. The programme included only 156 of the 2,649 milk producers in the County. The results for the year suggest that if the remaining 2,493 herds were sampled at least 11½% would include one or more infected cows. Although the bulk of the milk from these producers is sent to processing plants such milk is consumed raw by farm workers and their families. An eradication programme similar to that successfully completed for bovine tuberculosis, together with compulsory notification of *Brucella* infection in both humans and animals appears to be the best solution.

Tuberculosis

The 301 samples submitted for biological examination for *Brucella abortus* were also examined for Tubercle/Bacilli. All reports were negative.

2. Report on the work undertaken by Animal Health Division, Gloucester, during 1965.

I am obliged to Mr A. Wilson, Divisional Veterinary Officer, for this report.

(a) Diseases of Animals Act and Orders

Disease	1965		1964	
	Negative Reports Investigated	No. of Confirmed Cases	Negative Reports Investigated	No. of Confirmed Cases
Anthrax	148	6	181	5
Foot and Mouth Disease	8	—	2	—
Fowl Pest	18	30	20	54
Swine Fever	45	4	54	7
Tuberculosis	1	—	—	1

(b) Milk and Dairies Regulations

The number of herds as at 31st December, 1965, is as follows :—

Dairy herds	1,870
Beef herds	1,527
Mixed herds	779
	<hr/>
	4,176
	<hr/>

During the year 3,295 herd inspections were carried out involving the clinical examination of 160,680 cattle.

(c) Tuberculous Milk—Veterinary Investigations

During 1965 no reports were received from Medical Officers of Health of tubercle bacilli having been found in bulk milk samples.

(d) Congenital Bovine Tuberculosis

No cases of Congenital Bovine Tuberculosis were reported by Medical Officers of Health during 1965.

(e) Area Eradication Plan for Tuberculosis

During the year, 173,465 cattle were tuberculin tested in Gloucestershire ; 148 reactors were disclosed. This represents 0.08% of all animals tested as compared with 0.1% of all animals tested in 1964. 68.9% of the reactors had visible lesions of tuberculosis at autopsy. The figure was 57% in the previous year.

(f) *Tuberculosis Order, 1964*

This order incorporated the Tuberculosis Order of 1938 and the legislation dealing with area eradication of tuberculosis by means of tuberculin testing. Under this new Order one cow in the County was slaughtered as a suspected 'affected' animal in 1965 but in fact no lesions of tuberculosis were found on the post mortem examination.

(g) *Free Calf Vaccination Scheme*

In 1965, 13,783 calves were vaccinated under this scheme, the purpose of which is to increase the number of female cattle which are protected against infection with *Brucella abortus*. This number is considerably increased as compared with last year's figure of 8,598, and we are hoping by suitable propaganda to increase the figures still further this coming year.

(h) *Poultry Stock Improvement Plan*

Under this scheme 134,767 fowls and turkeys were blood tested in 60 flocks in order to detect carriers of *Salmonella pullorum* (the cause of B.W.D.) and *Salmonella gallinarum* (the cause of fowl typhoid). Reactors were disclosed in only one flock and this is the same flock in which we recorded reactors in 1964. It has now withdrawn from the official scheme.

(i) *Brucella abortus Infection in Milk*

No cases were reported to us during the year of human illness suspected to be due to this cause. When we receive reports from Veterinary Laboratories of the discovery of *Brucella* organisms in milk we pass this information on to the Medical Officer of Health concerned.

(j) *Salmonellosis in Cattle*

No cases of food poisoning in humans due to *Salmonella* organisms were reported to us during the year. As with *Brucella abortus* we are reporting all cases of *Salmonellosis* to Medical Officers of Health. My main reason for doing this is merely because of the possibility of illness occurring among farmers or farm workers. All the evidence suggests that *Salmonellosis* is an increasing problem in calves and I feel that ailing calves might pass infection to human beings who handle them.

I have had no cases recently of *Salmonella* organisms occurring in milk but if I should encounter such a case, I would draw the particular attention of the Medical Officer of Health concerned to it.

(k) *Slaughterhouse (Hygiene) Regulations, 1958*

The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

During the year inspections of slaughterhouses in the County were carried out in conjunction with the Public Health Inspectors of the Local Authorities concerned.

SECTION F

MISCELLANEOUS

1. Registered Nursing Homes

At the end of the year there were fifteen nursing homes registered in the County. These homes provide 229 beds for general cases.

2. Survey of Gypsies

The Health Department took part in a one day National Census of Gypsies in the County, with co-operation from the County Welfare Department and the Police. One hundred and four families were interviewed comprising 408 persons including 167 children.

3. Food Hygiene

Visits were made to Canteens and Kitchens under the control of the County Council and recommendations were made where necessary for improvements to ensure compliance with the Food Hygiene Regulations.

4. Offices

A survey of offices occupied by County Council staff was commenced in co-operation with the County Architect and the Chief Fire Officer, to report on work required to comply with the Offices, Shops and Railway Premises Act, 1963.

5. Diseases of Animals (Waste Food) Order, 1957

At the end of the year 72 premises were licenced under this Order. Twenty new licences were issued and 26 premises ceased operation during the year.

6. School Swimming Baths

Frequent visits were made to 25 school swimming baths and one private pool used by school children. At each visit, field tests were carried out to determine the p.H. of the water and the level of residual chlorine in the baths. Samples were taken for submission to the Bacteriologist. Nineteen of the school pools have filtration and chlorination plants and three of the remaining six schools are actively considering the provision of suitable plant.

One pool was under construction at the end of the year, and a further six were planned.

1965
TABLE I—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS								DEATHS														
		Live Births				Still Births				Total		Under 1 year			Infantile Mortality Rate per 1,000 Live Births	Under 4 weeks				Under 1 week				
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	S.B. Rate per 1,000 Total Births	No.	Rate per 1,000 Pop.	Leg.	Illeg.	Total		Leg.	Illeg.	Total	Rate per 1,000 Live Births	Leg.	Illeg.	Total	Rate per 1,000 Live Births	
Urban																								
Charlton Kings	8,870	150	9	159	17.93	1	—	1	6.25	109	12.29	6	—	6	37.74	5	—	5	31.45	5	—	5	31.45	
Cheltenham M.B.	75,200	1,260	156	1,416	18.83	19	3	22	15.30	826	10.98	15	3	18	12.71	10	3	13	9.18	9	2	11	7.77	
Cirencester	12,670	172	16	188	14.84	3	—	3	15.71	167	13.18	4	—	4	21.28	3	—	3	15.96	3	—	3	15.96	
Kingswood	28,390	713	23	736	25.92	8	—	8	10.75	230	8.10	15	—	15	20.39	11	—	11	14.95	11	—	11	14.95	
Mangotsfield	24,690	385	15	400	16.20	7	—	7	17.20	274	11.10	3	—	3	7.50	2	—	2	5.00	2	—	2	5.00	
Nailsworth	3,760	47	6	53	14.10	2	—	2	36.36	40	10.64	—	—	—	—	—	—	—	—	—	—	—	—	
Stroud	18,230	305	25	330	18.10	2	1	3	9.01	232	12.73	3	—	3	9.09	3	—	3	9.09	2	—	2	6.06	
Tewkesbury M.B.	7,190	112	11	123	16.55	6	—	6	46.51	59	8.21	1	—	1	8.13	—	—	—	—	—	—	—	—	
TOTAL U.D.	179,000	3,144	261	3,405	19.02	48	4	52	15.12	1,937	10.82	47	3	50	14.66	34	3	37	10.87	32	2	34	9.99	
Rural																								
Cheltenham	37,690	789	36	825	21.89	8	—	8	9.60	327	8.68	14	—	14	16.97	11	—	11	13.30	9	—	9	10.91	
Cirencester	14,530	280	21	301	20.72	2	—	2	6.60	163	11.22	7	—	7	23.26	5	—	5	16.61	3	—	3	9.97	
Dursley	19,650	333	13	346	17.61	8	—	8	22.60	202	10.28	8	—	8	23.12	4	—	4	11.56	2	—	2	5.78	
East Dean	20,980	369	26	395	18.83	4	—	4	10.03	253	12.06	11	—	11	27.85	9	—	9	22.78	6	—	6	15.19	
Gloucester	52,540	1,046	79	1,125	21.41	12	—	12	10.55	533	10.14	19	3	22	19.56	9	1	10	8.89	8	—	8	7.11	
Lydney	13,840	211	8	219	15.82	3	—	3	13.51	116	8.38	1	—	1	4.57	1	—	1	4.57	1	—	1	4.57	
Newent	9,070	139	5	144	15.84	—	—	—	—	93	10.25	—	—	—	—	—	—	—	—	—	—	—	—	
North Cotswold	20,730	292	21	313	15.10	4	1	5	15.72	226	10.90	5	—	5	15.97	3	—	3	9.58	2	—	2	6.39	
Northleach	7,890	104	10	114	14.45	—	—	—	—	100	12.67	2	1	3	26.32	1	—	1	8.77	1	—	1	8.77	
Sodbury	54,300	1,269	60	1,329	24.48	22	—	22	16.28	432	7.96	14	1	15	11.29	8	—	8	6.02	7	—	7	5.27	
Stroud	28,790	462	37	499	17.33	7	—	7	13.83	352	12.23	11	—	11	22.04	7	—	7	14.03	7	—	7	14.03	
Tetbury	6,880	103	3	106	15.41	1	1	2	18.52	100	14.53	2	1	3	28.30	1	1	2	9.43	1	—	1	9.43	
Thornbury	35,690	845	40	885	24.80	5	1	6	6.73	313	8.77	9	—	9	10.17	5	—	5	5.65	4	—	4	4.52	
Warmley	23,300	436	9	445	19.10	9	1	10	21.98	162	6.95	8	1	9	20.22	8	—	8	17.98	8	—	8	17.98	
West Dean	17,100	295	16	311	17.57	4	—	4	12.70	192	10.85	9	—	9	28.94	4	—	4	12.86	4	—	4	12.86	
TOTAL R.D.	363,580	6,973	384	7,357	20.21	89	4	93	12.60	3,564	9.91	120	7	127	17.26	76	2	78	10.60	63	—	63	8.56	
County Totals	542,580	10,117	645	10,762	19.82	137	8	145	13.39	5,501	10.14	167	10	177	16.45	110	5	115	10.69	95	2	97	9.01	

TABLE II—1965 SUMMARY

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diph- theria	Ac. Pneu- monia	Dysentery	Small- pox	Ac. H. Lethargia I.
			P	NP						
Urban										
Charlton Kings ...	2	—	—	—	139	—	—	—	—	—
Cheltenham M.B.	13	2	—	—	948	—	6	5	—	—
Cirencester ...	3	—	—	—	143	—	6	—	—	—
Kingswood ...	4	9	—	—	355	—	—	—	—	—
Mangotsfield ...	4	11	—	—	267	—	—	1	—	—
Nailsworth ...	82	—	—	—	4	—	3	—	—	—
Stroud ...	22	1	—	—	103	—	1	—	—	—
Tewkesbury M.B.	1	—	—	—	158	—	—	4	—	—
TOTALS U.D. ...	131	23	—	—	2,117	—	16	10	—	—
Rural										
Cheltenham ...	22	2	—	—	720	—	3	9	—	—
Cirencester ...	3	—	—	—	126	—	7	—	—	—
Dursley ...	4	5	—	—	178	—	2	17	—	—
East Dean ...	12	—	—	—	734	—	—	2	—	—
Gloucester ...	74	25	—	—	1,017	—	3	31	—	—
Lydney ...	13	—	—	—	37	—	2	3	—	—
Newent ...	3	2	—	—	204	—	—	8	—	—
North Cotswold ...	5	4	—	—	125	—	4	—	—	—
Northleach ...	—	—	—	—	121	—	—	1	—	—
Sodbury ...	10	8	—	—	606	—	5	18	—	—
Stroud ...	20	3	—	—	326	—	3	—	—	—
Tetbury ...	—	2	—	—	17	—	—	—	—	—
Thornbury ...	10	6	—	—	506	—	3	3	—	—
Warmley ...	13	15	—	—	577	—	3	4	—	—
West Dean ...	21	—	—	—	155	—	—	—	—	—
TOTALS R.D. ...	210	72	—	—	5,449	—	35	96	—	—
County Totals ...	341	95	—	—	7,566	—	51	106	—	—

INFECTIOUS DISEASE

Erysipeloid Typhoid Fever	Paratyphoid Fever	Erysipelas	Meningo- coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal- mia Neonata- lam	Tuberculosis		
							Pul- monary	Meninges and CNS	Other
—	—	—	—	—	—	—	1	—	—
—	—	2	2	9	28	—	21	—	—
—	—	1	—	—	—	—	2	—	2
—	—	—	2	1	—	—	3	—	—
—	—	—	—	—	—	—	5	—	2
—	—	—	—	—	1	—	1	—	—
—	—	—	—	—	2	—	4	—	1
—	—	—	—	—	—	—	1	—	—
—	—	3	4	10	31	—	38	—	5
—	—	2	1	7	5	—	8	—	1
—	—	—	—	—	—	—	5	—	1
—	—	—	—	1	—	—	7	—	1
—	—	1	—	—	—	—	18	—	—
—	—	2	—	—	2	6	12	—	3
—	—	—	—	—	2	—	1	—	1
—	—	—	—	—	2	—	3	—	1
—	—	4	—	—	1	—	2	—	—
—	—	2	—	—	—	—	1	—	—
—	—	4	1	5	2	—	13	—	1
—	—	4	—	—	1	—	6	—	2
—	—	—	—	—	1	—	—	—	—
—	—	4	1	2	1	—	12	—	—
—	—	—	—	—	—	—	2	—	—
—	—	—	—	1	—	—	5	—	—
—	—	23	3	16	17	6	95	—	11
—	—	26	7	26	48	6	133	—	16

TABLE III—1965

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Causes of Death		Total All ages	Under 4 weeks	4 weeks & under 1 year	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 and over
1	Tuberculosis, respiratory	22	—	—	—	—	—	—	2	2	6	4	8
2	Tuberculosis, other	5	—	—	—	—	—	—	2	1	—	2	—
3	Syphilitic disease	12	—	—	—	—	—	—	—	1	6	3	2
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	2	—	1	—	—	1	—	—	—	—	—	—
7	Acute poliomyelitis	1	—	—	—	—	1	—	—	—	—	—	—
8	Measles	2	—	—	1	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	8	—	—	1	1	—	1	—	1	2	2	1
10	Malignant neoplasm, stomach	108	—	—	—	—	—	—	3	3	32	27	43
11	Malignant neoplasm, lung, bronchus	249	—	—	—	—	—	—	7	22	78	98	44
12	Malignant neoplasm, breast	93	—	—	—	—	1	2	8	13	28	18	23
13	Malignant neoplasm, uterus	39	—	—	—	—	—	—	7	9	9	6	8
14	Other malignant and lymphatic neoplasms	500	—	1	—	3	3	10	20	68	83	148	159
15	Leukaemia, aleukemia	32	—	—	2	2	2	2	2	2	4	5	11
16	Diabetes	37	—	—	—	—	—	—	1	2	7	8	19
17	Vascular lesions of nervous system	765	—	—	—	—	1	3	9	26	83	199	444
18	Coronary disease, angina	1,105	—	—	—	—	—	3	25	90	238	343	406
19	Hypertension with heart disease	86	—	—	—	—	—	—	—	1	13	23	49
20	Other heart diseases	771	—	—	—	2	2	3	6	11	45	153	551
21	Other circulatory diseases	248	—	—	—	—	—	—	6	9	34	52	147
22	Influenza	5	—	—	—	—	—	—	—	—	—	—	5
23	Pneumonia	327	4	20	6	3	2	2	6	11	21	54	199
24	Bronchitis	223	—	—	—	1	1	—	1	11	40	76	94
25	Other diseases of respiratory system	61	—	—	—	1	—	—	—	5	9	21	24
26	Ulcer of stomach and duodenum	31	—	—	—	—	—	—	—	3	8	6	14
27	Gastritis, enteritis and diarrhoea	29	1	1	—	—	—	1	2	2	1	7	14
28	Nephritis and nephrosis	32	—	—	1	1	1	—	4	3	4	6	11
29	Hyperplasia of prostate	20	—	—	—	—	—	—	—	—	1	4	15
30	Pregnancy, childbirth, abortion	1	—	—	—	—	1	—	—	—	—	—	—
31	Congenital malformations	53	18	17	4	3	2	2	2	2	1	2	—
32	Other defined and ill-defined diseases	408	91	12	8	8	7	11	13	27	48	63	120
33	Motor vehicle accidents	72	—	1	1	3	17	12	8	9	7	11	3
34	All other accidents	106	—	9	10	11	4	6	2	4	7	14	39
35	Suicide	44	—	—	—	—	5	8	5	10	9	4	3
36	Homicide and operations of war	4	—	1	—	—	—	—	1	—	—	2	—
Total all causes		5,501	114	63	33	36	51	67	143	348	829	1,361	2,456